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THE LIBERTY DOCTRINE
MICHAEL McFAUL

THE WELLNESS GOSPEL AND THE FUTURE OF FAITH
RONALD W. DWORKIN

MORE CHOICES FOR DISABLED KIDS
LEWIS M. ANDREWS

THE DOCTOR-PATIENT BREAKDOWN
PHILIP R. ALPER

ALSO: ESSAYS AND REVIEWS BY
STANLEY KURTZ, JON JEWETT, AND STEVEN MENASHI

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The Liberty Doctrine

Reclaiming the purpose of American power

By MICHAEL MCFAUL

THE IMMEDIATE RESPONSE of President Bush and his administration to the September 11, 2001 terrorist attacks against the United States was superb, both purposeful and principled — a military, political, and diplomatic success. But what comes next? In his State of the Union address, Bush suggested specific targets of future phases of the war — the "axis of evil" of Iraq, Iran, and North Korea. But what has been missing in the discussion of the second stage (and perhaps the third, fourth, and fifth stages) of the war on terrorism is an articulation of the general principles that will guide policy in difficult times ahead. The new threat to American national security and the American way of life is no less threatening than such earlier challenges as the defeat of fascism in Europe and imperialism in Japan during World War II, or the containment and ultimate destruction of world communism during the Cold War. A grand vision of the purposes of American power is needed not only to shape strategy, but

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also to sustain support from the American people and America's allies.

During the twentieth century, the central purpose of American power was to defend against and when possible to destroy tyranny. American presidents have been at their best when they have embraced the mission of defending liberty at home and spreading liberty abroad. This was the task during World War II, and it was again our objective (or should have been the mission) during the Cold War. It must be our mission again. In fact, the war on terrorism is a new variation of the old war against the anti-democratic "isms" of the previous century.

Adherence to a *liberty doctrine* as a guide to American foreign policy means pushing to the top of the agenda the promotion of individual freedoms abroad. The expansion of individual liberty in economic and political affairs in turn stimulates the development and consolidation of democratic regimes. To promote liberty requires first the containment and then the elimination of those forces opposed to liberty, be they individuals, movements, or regimes. Next comes the construction of pro-liberty forces, be they democrats, democratic movements, or democratic institutions. Finally comes the establishment of governments that value and protect the liberty of their own people as the United States does. Obviously, the United States does not have the means to deliver liberty to all subjugated people around the world at the same time. And the spread of liberty and democracy will not always be simultaneous. In some places, the promotion of the individual freedoms must come first, democratization second. Nonetheless, the spread of liberty should be the lofty and broad goal that organizes American foreign policy for the coming decades.

The expansion of individual liberty in turn stimulates the development of democratic regimes.

By defining the purposes of American power in these terms, American foreign policymakers achieve several objectives not attainable by narrower or less normative doctrines. First, the liberty doctrine, like containment during the Cold War, is useful in clarifying the relationship between often very different policies. Toppling Saddam Hussein does in fact have something in common with providing education to Afghan women, and a liberty doctrine allows us to see it clearly. Second, the liberty doctrine properly defines our new struggle in terms of ideas, individuals, and regimes — not in terms of states. Allies of liberty exist everywhere, most certainly in Iran and even in Iraq. Likewise, not all the enemies of liberty are states; they also include non-governmental organizations like al Qaeda. Third, the liberty doctrine provides a cause that others — allies of the United States as well as states, movements, and individuals not necessarily supportive of all U.S. strategic interests — can support. For example, the Iraqi regime constitutes an immediate threat to American national security but does not pose the same threat

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to France or Russia. A campaign against Iraq defined in terms of "national interests" means that we will go it alone. A credible campaign for liberty in Iraq, however, may attract a wider coalition. Fourth, the liberty doctrine underscores two phases of engagement with enemy regimes — the destructive phase and the constructive phase. To demonstrate real commitment to this mission of promoting liberty abroad, the United States must also devote substantial rhetorical attention and concrete resources to the constructive phase of the promotion of liberty. If not, we will be waging military campaigns against new tyrannical regimes over and over again.

Moments for redefining America's place in the world are rare. Pearl Harbor was one. The communist coup in Czechoslovakia in 1948 was another, as the Western response helped to crystallize the need for a vigorous containment strategy in Europe, including the creation of NATO the following year. The invasion of South Korea in 1950 was a critically important moment, prompting the quick adoption of NSC-68 as the strategic blueprint for containing communist aggression worldwide. The September attacks against innocent Americans on U.S. soil can be another seminal event in refocusing the American mission. The task, however, requires conceptual framing, choices, and articulation. It will not happen naturally and organically as the result of events. The end of the Gulf War and the end of the Cold War could have been pivotal moments in the redefinition of American foreign policy and the international system, but they were not.[1] Bush has stated correctly that "we're in a fight for civilization itself." But to undertake such a colossal task, we must clearly define the enemies of civilization and freedom, map a strategy for defeating those enemies, and then commit to a plan that expands civilization and freedom.

Knowing the enemy

SINCE SEPTEMBER 11, many policymakers and commentators have noted the uniqueness and newness of our current era. They are wrong. The intellectual challenge of defining the enemy may not be as difficult as it first looks. During World War II and again during the Cold War, the enemy was clearly those fascist, imperialist, and communist forces

[1]Scholars have devoted a tremendous amount of attention to understanding and explaining why the end of the Cold War produced the "post-Cold War" order and nothing more conceptually defined. Unfortunately, less attention has been devoted to understanding and explaining why the end of the Gulf War did not produce more redefinition of that region. Even a casual perusal of Bush administration statements in the euphoric aftermath of the war reveals that expectations for systemic change in the Middle East were extremely high. A decade later, the lack of fundamental change regarding the basic problems of the region is tragically striking.

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that abhorred liberty and aimed to destroy democracy. America's new enemy is cut from the same anti-Western, anti-democratic, anti-liberal cloth.

The decade after the Cold War, like the shorter interregnum between World War II and the Cold War, created at times the illusion of "mission accomplished." For some, the end of communism was the end of history. For others, the collapse of the Soviet Union marked the extinction of the only major threat to American security. Obviously, the euphoria and complacency of the 1990s were misplaced. The absence of communism did not translate automatically and smoothly into the presence of democracy. On the contrary, a decade after the fall of the Berlin Wall and the Soviet Union, democratic regimes are still a minority in the post-communist world. Although democratic victories in the former communist world did reverberate well beyond Europe, the so-called third wave of democracy failed to splash in whole regions, including the Middle East and many other parts of the Muslim world. Nor did the weakening of the Soviet Union and then of Russia enhance U.S. security (American territory was never attacked during the Cold War). The hegemony of balance-of-power theories among American strategic thinkers fueled a false sense of security once the United States became the world's sole superpower.

Using labels such as "enlargement" and "neo-Reaganism," some statesmen and intellectuals tried in the 1990s to continue or reestablish the normative agenda of spreading liberty as the primary focus of American foreign policy.[2] In part and at times, they succeeded. NATO expansion and the successful military campaign against Serbia are achievements of the 1990s that both Ronald Reagan and Woodrow Wilson would celebrate. Most of the time in the past decade, however, these promoters of a muscular policy of spreading liberty were derided as either quixotic imperialists or international social workers because most Americans, including many American leaders, believed that real threats to American security had vanished. Medicaid reform and liaisons with interns were the burning issues of that time.

In the long run, the 1990s should look like the interregnum, while history after September 11 should mark the *return* of a United States engaged in the world with both a moral and self-interested purpose — the purpose of defending and spreading liberty. Defining our international mission in these terms is the best way to frame, sustain support for, and ultimately win the war on terrorism.

As in previous struggles, the essence of the enemy is ideological. Osama bin Laden and his followers do not want territory or treasure. They seek the destruction of liberal democracies and the way of life that these regimes pro-

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[2]See, for example, Anthony Lake, "From Containment to Enlargement," *U.S. Department of State Dispatch*, Vol. 4, No. 39 (September 27, 1993), and William Kristol and Robert Kagan, "Towards a Neo-Reaganite Foreign Policy," *Foreign Affairs* (July-August 1996).

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vide. Like communism, extreme versions of Islamic fundamentalism offer followers a comprehensive set of beliefs that explain everything in the world. Communism framed world politics as a Manichean struggle between the forces of good and evil. So too do bin Laden and his ilk, though for them the enemy is modernity in all its variations. Radical communists did not seek a resolution of grievances with the West, a negotiated settlement including such things as Angolan independence and higher wages for West European workers. Rather, the mission was the total destruction of the United States, its allies, and its way of life. Colonialism and "worker exploitation" were *good* for the communist cause. Likewise, those embracing the Islamic totalitarianism propagated by bin Laden have not limited their aims to the creation of a Palestinian state, the removal of U.S. troops from Saudi Arabia, or even the obliteration of Israel. On the contrary, these issues help fuel anti-American mobilization and therefore serve bin Laden's purposes. Their mission is much grander — the destruction of the West. Like some of the early Bolsheviks, bin Laden wants to join a world war between us and them as soon as possible. Bin Laden and his followers hoped that September 11 would spark a global war between Islam and the West.

Not all American enemies embrace all tenets of this anti-Western and anti-modern ideology. Saddam Hussein, for example, is a regional imperialist first and foremost. Yet he has allied with the more ideological and radical anti-Western zealots because of their mutual enemy — the United States. In the long run, such tactical alliances may prove dangerous to the Iraqi regime. Germany, after all, eventually paid a terrible price for aiding Lenin's return to Russia. In the short run, however, the combination of ideological purpose and the state resources of regimes like Iraq presents a powerful and serious threat to the United States and the Western world. If a few key regimes in the region fall, then this threat has the potential to acquire serious military and economic capacities quickly and unexpectedly.[3]

In meeting the challenge of the new enemy (or more accurately, the newly discovered enemy, since bin Laden and his supporters threatened and attacked the United States for years before September 11), we must define our mission as broadly as our enemies do — though of course not in the same terms. Most important, U.S. officials must combat bin Laden's false dichotomy of Islam versus the West. During the Cold War, the United States and its allies successfully refuted the false dichotomy of capitalists versus the workers (and later, the peasants) offered up by communists. The same must be done now. Our alternative framework must define the barricades between those for liberty and those against. Cast in these terms, Muslims

[3]Thankfully, this ideological movement has not yet captured a major state, as the Bolsheviks did in 1917. It is interesting to think how the history of the twentieth century would have been different if the West had exercised more preventive defense towards Russia in 1917 and mobilized resources to prevent and/or reverse the Bolshevik coup.

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and Christians, Americans and Iranians, Arabs and Italians can all be on the same side. Framed in these terms, the enemy is also much larger than Islamic totalitarians and includes all those who oppose liberty, be they dictators in North Korea or sheiks in Saudi Arabia. Of course, the immediate focus of the war must remain those tyrannical forces most threatening to American security interests, a list that includes bin Laden and Iraq but not Saudi Arabia or Egypt.

When the enemy is defined in these normative or ideological terms, the United States is no longer fighting a "war on terrorism." Terrorism is a means, a tool, a tactic that motivated foes deploy to achieve political and ideological ends. By framing our new battle as "a war on terrorism," we set out to do battle with a "means" and not the people, ideologies, and causes that deploy this weapon. We cannot fight a winning war against this means. In order to defeat the enemy, we must understand the objectives and motivations of the enemy. A "war on terrorism" is like a "war on violence" and can never be won. A war against Islamic totalitarianism and also *for* democracy, however, can be won, even if pockets of terrorists will continue to exist.

Knowing the prescription

THERE WILL ALWAYS be fringe figures and cultist kooks who embrace fanatical ideas. They exist today even in the United States, and on occasion, as we learned tragically when Timothy McVeigh carried out his dastardly attack in Oklahoma City, they even strike out against the state within established democracies. But such people prosper and become powerful enough to threaten the United States only when they reside in states that protect and assist them. And these states are *always* authoritarian. The purpose of American power, therefore, must be to enlarge the community of democratic states and democratic citizens around the world.

Democracies do not attack each other. This hope from centuries ago about the relationship between domestic regime type and international behavior received empirical validation in the twentieth century. No country's national security has benefited more from the spread of democracy than the United States's. Today, every democracy in the world has cordial relations with the United States. No democracies are enemies of the United States. Not all dictatorships in the world are foes of the United States, but every foe of the United States — Iraq, Iran, Libya, North Korea, Cuba, and (possibly in the future) China — is a dictatorship. With few exceptions, the countries that provide safe haven to non-state enemies of the United States are autocratic regimes. With rare exceptions, the median voter in consolidated democracies pushes extreme elements to the sidelines of the political arena. Democracies also are more transparent, which makes them more predictable

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and less able to hide hostile activities, such as the production of weapons of mass destruction for non-state actors. Logically, then, the expansion of liberty and democracy around the world is a U.S. national security interest.

The deductive logic of the liberty doctrine is complemented by empirical evidence from the twentieth century. In the first half of the last century, imperial Japan and fascist Germany constituted the greatest threats to U.S. national security. The destruction of these tyrannical regimes *followed by the imposition of democratic regimes* in Germany and Japan helped make these two countries American allies.

In the second half of the past century, Soviet communism and its supporters represented the greatest threat to American national security. The collapse of communism in Eastern Europe and then the Soviet Union has greatly enhanced American national security. The emergence of democracies in eastern Central Europe a decade ago and the fall of dictators in southeastern Europe more recently have radically improved the European security climate, and therefore U.S. national security interests. Without question, however, liberty's expansion produced the greatest payoff for American national security when democratic ideas and practices began to take hold within the Soviet Union and then Russia. So long as unreconstructed communists ruled there, the USSR represented a unique threat to American security. When the communist regime disintegrated and a new democratically oriented regime began to take hold in Russia, this threat to the United States diminished almost overnight.[4]

In spearheading the successful struggle against communism, the United States made mistakes that must be avoided in the new campaign. Oftentimes we confused means and ends, so that all users of violence against non-communist states and actors were considered part of the world communist movement. Not long ago, Nelson Mandela was labeled a "communist terrorist." So too were many anti-colonial movements whose real aim was sovereignty, not world revolution. Distinguishing between those focused on territorial or ethnic disputes and those dedicated to a global messianic mission is critical in the new war. During the battle against communism, we initially

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[4]Regime change is not the sole cause of the sea change in Russian behavior. Russia today is much weaker, militarily and economically, than the Soviet Union was just 10 years ago. Even if Russia wanted to underwrite anti-American movements in third countries or construct anti-NATO alliances, it may not have the means to do so. And yet, power capabilities are not the only variable explaining the absence of balancing against the West any more than the military equation was the only reason for Soviet-American enmity during the Cold War. Russian foreign policy intentions have changed more substantially than Russian capabilities. Russian weakness was part of the diminishing threat, but only a small part. After all, Russia still has thousands of nuclear weapons capable of reaching American territory. A new fascist regime in Russia would make this arsenal threatening once again.

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treated the entire communist world as monolithic, a mistake we cannot repeat with the Islamic world. The new struggle requires that we embrace and support moderate, pro-democratic Muslim forces. Our overzealous search for enemies from within in the 1950s and its tragic consequences must be remembered and not repeated. One of our great resources in fighting the new war is the testimony of the several million Muslims living in the United States who successfully practice their faith but also live (and thrive) in a secular, democratic state.

The Cold War also diverted the United States into courting almost all anti-communist regimes around the world, be they dictatorships or democracies. Over the years, though, the democracies on this list proved to be the more effective and reliable allies. Not infrequently, ostensible gains from partnerships with autocratic governments and movements — such as the shah in Iran, the Suharto regime in Indonesia, the mujaheddin in Afghanistan, and the apartheid system in South Africa — were more than offset by setbacks to American security and embarrassments to American ideals.

The United States, especially under Ronald Reagan, also supported anti-communist movements and groups that sought to overthrow Soviet puppet regimes. The objective was noble, but the strategy sometimes suffered from two flaws. First, American foreign policymakers devoted real attention and resources to the destruction of communist regimes but failed to follow through with the same level of effort to construct new democratic regimes in the same places. Afghanistan is a perfect example of this failure to follow through. The goal of expanding liberty should have continued in the wake of communism's collapse. Instead, U.S. policymakers were content to try to preserve the new order and abandon those regions and allies important to the struggle against communism but considered marginal to the post-Cold War order.[5] Second, many of these anti-communist allies had dubious democratic credentials. Many failed states dominated by non-democratic forces (who were once American allies) are Cold War legacies that have combined to create a threat to the United States.

After the Cold War, American policymakers (especially during the first Bush administration) also defined a conservative role for the United States in the world. If Reagan purposively sought to revise the world order in place when he became president, Bush and to a lesser extent Clinton sought to preserve the "new world order." This status quo impulse produced successful policies, such as the preservation of Kuwaiti sovereignty. Yet American uneasiness with revolutionary change — even when it was *democratic* change — also allowed some opportunities to be lost. In the Middle East,

[5]Reagan himself did not preside over this abandonment and neglect. It is interesting to speculate how the Reagan doctrine would have been applied in these regions had Reagan served a third term.

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preserving the status quo meant preserving existing borders (thus the war against Iraq) but also maintaining the balance of power (thus the refusal to dismantle Iraq). On the frontlines of the anti-communist revision, in places like Angola, Pakistan, and Afghanistan, the post-Cold War era brought with it a policy of neglect. In all of these neglected pockets, the result was autocracy at best, failed states in the extreme, but no advancement of liberty.

The next phase of the war on terrorism, therefore, must be the expansion of liberty to these areas. The United States cannot be content with preserving the current order in the international system. Rather, the United States must become once again a revisionist power — a country that seeks to change the international system as a means of enhancing its own national security. Moreover, this mission must be offensive in nature. The United States cannot afford to wait and react to the next attack. Rather, we must seek to isolate and destroy our enemies by eliminating their regimes and safe havens. The ultimate purpose of American power is the creation of an international community of democratic states that encompasses every region of the planet.

It must be remembered that the battle against communism was a worldwide, multifaceted campaign that included military action and deterrence against communist states *and* non-state actors, economic support for countries threatened by communist takeover, and an ideological counteroffensive. The century-long campaign ended only when the war of ideas, not a battle of tanks, was won. We now face a similar long-term, multifaceted struggle.

Avoiding faulty frameworks

TO MANY, the goal of promoting liberty worldwide will seem fanciful, naïve, imperialist, and dangerous. Compared to what? Is the promotion of democracy in Iraq, Egypt, or Saudi Arabia a larger task than defeating fascism in mighty Germany or communism in the superpower once known as the USSR? And do the alternatives offer a better strategy for enhancing American national security? Upon closer review, other foreign policy objectives and strategies are either harder to achieve or present an inaccurate picture of the nature of the international system and America's role in it — or both.

Isolationism is the most dangerous alternative approach but, after September 11, also the most discredited. We cannot build an American fortress. Even the most robust missile defense system or homeland security policy will leave the United States exposed.

The leftist version of isolationism — "live and let live" or respect for state sovereignty over all other concerns — also is neither progressive nor smart. A half-century ago, norms of decolonization became closely associated with norms of respecting state sovereignty. They must be divorced now. The American violation of Afghan sovereignty was progressive in promoting the individual human rights of the Afghan people — especially women. In con-

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trast, those that recognized the sovereignty of the Taliban regime (or many other tyrannical regimes around the world) did little to advance the liberties of individuals. The leftist version of isolationism and inaction has become just as dangerous and bankrupt as the right-wing variant.

Realism, the most revered approach to international relations in elite and academic circles, also has offered false promises for defending the United States. Realists have appropriated an excellent label (who wants to be "unrealistic"?) to disguise muddled thinking and bad policy.

Realists rightly understand the importance of power in international politics. They focus first and foremost on the distribution of power in the international system as the primary driver of events, including the two big classes of events: war and the absence of war. The prescription for enhancing state security that follows from realist analysis is to balance the power capabilities of other states.

Realists have appropriated an excellent label to disguise muddled thinking and bad policy.

Understanding the importance of power and the dynamics of balance of power policies are critical components for formulating an effective U.S. foreign policy, but an exclusive focus on these factors is insufficient for defending American national interests. Realists make three egregious errors of omission. First, because they never look inside states, realists ignore the distinct policy preferences of regimes and individuals. Of course, power was a component of the German threat under Hitler and the Soviet threat under Stalin — but only one component. These leaders and the regimes they constructed threatened American national security because of the ideological missions they defined for themselves. The same is true for bin Laden and his followers.

Second, Mohammed Atta and his evil act on September 11 refuted one of the central tenets of realist strategy — deterrence. Those animated by ideological world missions cannot be deterred by traditional means of power balancing. In today's world, there is no doubt that the United States is the world's hegemon and is likely to remain the world's lone superpower or hyperpower for decades to come. The United States will soon spend as much on defense as the next 15 "powers" in the world combined, and many on this list of top powers are American allies. Both friends and foes of the United States share this assessment of the balance of power in the international system. This preponderance of power may deter other relatively powerful states, such as Russia, China, or all of Europe, from seeking to balance against the United States. This is a positive outcome for American national interests. But this same pile of power that compels Russia to bandwagon with the United States has done little to alter the behavior of bin Laden and his followers.

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A third flaw of realism is the erroneous assumption that preserving the balance of power and therefore (in realists' view) stability, be it in the international system as a whole or in a specific region, is easier than promoting democracy within regimes. Preserving order or stability is considered always desirable and always more achievable than regime change, which is cast as an impossible task, especially in places like Afghanistan with a long history of bad government.[6] Advocates of balance of power politics can point to some noteworthy successes to bolster their claims. The Concert of Europe in the nineteenth century, for instance, preserved the peace for the core countries of that system for nearly a century. Yet the examples of success are eclipsed by the numerous failures of balance of power tinkering in the twentieth century. World War I, of course, punctuated a tragic end to the previous century's "success." Attempts at power balancing also failed to prevent World War II. Power balancing did keep the Soviet-American rivalry from becoming a third world war, yet it was regime change inside the Soviet Union, not balance of power politics, that ended the Cold War.

Great powers attempting to engineer stable balances in other regions have enjoyed only limited success. In the twentieth century, the scars of failure are most evident in the Middle East and South Asia. The U.S. strategy of trying to engineer the "proper" balance of power between Iraq and Iran produced no stability, new enemies, and a greater threat to the United States today from this region than two decades ago. It was also realist ideology — that is, the emphasis on the supposed dangers of Iraqi dissolution and the power vacuum that would have ensued — that prevented the United States from removing Saddam Hussein from power in 1991. The record in South Asia is no better. Attempts at balancing power between India and Pakistan have not produced stability. Instead, decades of power balancing plus inattention to the issues dividing these two states have increased the deadly possible consequences of war in the region without diminishing the probability of war.

Above all else, realist ideology when applied to the making of American foreign policy today calls for the preservation of the status quo and the avoidance of active engagement in the domestic affairs of other states. This set of policy prescriptions is exactly what the United States cannot afford to embrace now. Rather than seeking to maintain the current world order, American foreign policymakers must seek to revise the current international system and the states that constitute it. The current order is not safe for America, and "pragmatic inaction" will allow the current order to become even more threatening to the United States and its allies.

Multilateralists, like realists, have contributions to make to the articulation of a new liberty doctrine, but only after several false assumptions are removed from their paradigm. Multilateralists rightly assert that gains

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[6]See Margaret Thatcher, "Advice to a Superpower," *New York Times* (February 11, 2002).

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accrue to the United States through cooperating with other states. The United States is indeed better off achieving international objectives *when possible* through cooperative means. Situations that offer win-win payoffs should always be pursued. And the codification of cooperative practices in international treaties and institutions oftentimes can lock into place mutually beneficial arrangements. In addition, American national security is best served when U.S. leaders are active in shaping the agenda of multilateral institutions. American foreign policymakers already have learned how to leverage a "minority share" in institutions like NATO and the IMF. Especially after September 11, when U.S. resources will be spread thinner to meet new security threats, American leaders must heed the warning of multilateralists and not disengage from the very multilateral institutions that the U.S. helped to construct. Finally, the multilateralist perspective helps analysts and policymakers understand some (though not all) state-to-state interactions. For instance, realist axioms of balance of power politics offer little explanatory power when analyzing or seeking to influence state relations among the core countries of liberal democracy.

This said, parts of the multilateralist doctrine need revision. First, multilateralists devote too little attention to power. They often forget that the most effective multilateral institutions were built by a strong — one might even say hegemonic — United States. American power as well as American participation are necessary conditions of effective multilateralism. American power also promotes liberal ideas. Ideas without powerful actors to promote them are inconsequential to the conduct of international relations.

Second, multilateralists wrongly assume that "bad" states can be socialized by joining "good" international institutions. This was a miscalculation made about the Soviet Union and the United Nations a half-century ago. It is the same mistake that some make in pushing for Russian membership in NATO prematurely or endorsing Egypt's membership in the Community of Democracies. In fact, cooperation occurs and institutions between states can be built best when the contracting states — and the citizens of these states — share a basic set of liberal democratic norms. Cooperation between nondemocratic states occurs, but the benefits of cooperation are usually limited and short-lived. Multilateralists assume that cooperation can bring internal normative change. The causal arrow usually points in the opposite direction. Only after a state has embraced a basic set of liberal democratic norms does it become truly cooperative with other liberal democratic states.

Regime change, therefore, must come first, membership in Western international institutions second. Regime change in autocratic states is a condition for the emergence of a cooperative multilateral international order, not the product of such a system. Regime change cannot always be achieved through bribery, trade, incentives, or collective diplomacy. Sometimes coercive means must also be deployed.

Liberalism, a la Wilson *and* Reagan, provides a superior set of analytics and prescriptions for constructing a new grand strategy for American for-

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eign policy in the twenty-first century. Both Wilson and Reagan understood that all politics are local — the domestic regime type influences a state's international behavior. Both also appreciated that the presence of shared values between states and among the peoples of these states made cooperation and ultimately integration more likely. Consequently, both presidents defined the promotion of democratic regimes abroad as a U.S. national security interest. Wilson's strategy for promoting democracy and thus international order relied too heavily on the construction of international institutions. He and others who followed in his tradition have not placed enough emphasis on the individual role that the United States has to play in promoting regime change abroad. Reagan understood America's unique role, if not obligation. But he and those that have followed in his tradition have underappreciated the gains from multilateral cooperation after regime change occurs. The new American foreign policy must build on the work and ideas of both of these liberals. Purposeful power plus principled cooperation are both tools for the promotion of liberty abroad.

Multiple means for spreading liberty

To effectively promote liberty abroad over the long haul, the United States must maintain its overwhelming military advantage over the rest of the world. American hegemonic power deters other great powers in the international system from balancing against the United States. Massive military might offers incentives for less powerful countries to cooperate with the United States. The ability to defeat anti-democratic enemies decisively, quickly, and with minimum loss of life for American armed forces — Hussein in Iraq, Milosevic in Serbia, and the Taliban in Afghanistan — offers a powerful argument for the benefits of friendly relations with the United States. If American leaders begin to make internal liberalization a condition of friendly relations with the United States, then sustaining unipolarity helps to promote democracy abroad. Maintaining American economic prowess is also necessary.

In addition to maintaining American power, U.S. foreign policymakers must develop policies and military doctrines that can deploy this power to effect regime change. The United States should try to avoid the export of revolution through the barrel of the gun. Yet the United States must have the fortitude, plans, and means available to assist the overthrow of anti-democratic regimes. On rare occasions, discussed below, these resources have to be used. Nevertheless, the mere presence of such resources will help to make American threats about deploying them look more credible. The quick defeat of both Milosevic and the Taliban — predicted by few at the beginning of these campaigns — has demonstrated once again that the American armed forces are second to none. Decades of sustained investment in military training, technologies, and personnel have paid off. Yet U.S. armed

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forces need to continue to retool and reorganize for dealing with the new security challenges of the post-Cold War era. The tens of thousands of U.S. soldiers stationed in Germany waiting to repel a Soviet tank offensive need new missions. Fat budgets cannot be an excuse for avoiding reform.

The American capacity to destroy states is formidable. The American capacity to battle non-state actors is less impressive. Thankfully, the Bush administration has recognized this weakness and has earmarked new resources to develop the intelligence agencies, the monitoring and safeguarding of weapons of mass destruction (which could fall into the hands of non-state actors), and the tracking of terrorists and their sources of financial support.

The American capacity to destroy states is formidable. The capacity to battle non-state actors is less impressive.

If President Bush decides that Saddam Hussein's regime must go, he can have confidence that his military planners will devise a blueprint for achieving this objective. The president should have much less confidence, however, that his advisors have the ideas or resources for assisting the development of a new and stable, let alone democratic, state in Iraq in the aftermath of Saddam's fall. For too many years, American presidents and Congresses have neglected the development of both non-military tools for undermining enemy regimes as well as the instruments for rebuilding new states and societies after the collapse of unfriendly regimes.

The Bush administration proposed a budget for 2003 that will allocate nearly $400 billion to the Department of Defense, a $48 billion increase over the previous year, but earmarks only $15 billion for foreign assistance. Of this paltry total, nearly a third will go to two countries, Israel and Egypt, the latter a corrupt dictatorship. The Bush budget is building greater American capacity to destroy bad states, but it adds hardly any new capacity to construct good ones. Equally disturbing is that only a small fraction, less than $1 billion of this budget, will go to democracy assistance programs — aid that can be vital to the weakening of autocratic enemies of the United States. When used properly, this kind of assistance also can bolster democratic consolidation and thereby turn enemy states into friends of the United States. Instead of foreign aid, this money should be relabeled "preventive defense" funds.

Democracy promotion is also an important facilitator of economic growth in the developing world. Aid to autocratic regimes often fuels corruption and impedes reform. Recent experience suggests that economic aid to democratizing regimes usually facilitates both economic reform and economic growth. Strikingly, no democracy in the world has ever let its people starve. Old thinking posited that development had to come first, democracy second. New thinking and new data suggest that democracy should be con-

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sidered a critical component of development.[7] Democracies are also immune from genocide and mass murder.[8] Basic human rights, including the right to eat and the right to live, are best guaranteed in liberal democratic systems.

Some argue that promoting new forms of governance in a country such as Afghanistan, where only 30 percent of the men and 15 percent of the women are literate, is futile and fanciful. In the short run, a country like Afghanistan may have more immediate priorities. Yet a long-term strategy for combating radical Islamic fundamentalism must include policies that promote new government and new development in the region and end a decade of neglect. Democracy and economic growth may be the enemies of Osama bin Laden, but they are not the enemies of Islam.

Aid is not charity. Aid is an instrument of American national security. The history of the twentieth century, including most importantly the American victory in the Cold War, offers powerful evidence. The Marshall Plan helped to rebuild market economies and democracies in Western Europe. These states in turn helped to contain communism. Likewise, American policies of state construction in Japan and South Korea helped to create powerful American allies in Asia. When North Korea invaded South Korea in 1950, South Korea had a GDP per capita roughly equal to that of North Korea and India. After four decades of military and economic assistance from the United States, South Korea emerged as one of the economic powerhouses of the region. The successful example of these prosperous regimes also underscored to the rest of the world the advantages of close relations with the U.S.

This demonstration effect is exactly what the United States must work to promote in Afghanistan. The new regime in Afghanistan must succeed. Afghanistan is our new West Germany. The new regime there must stand as a positive example to the rest of the region of how rejection of tyranny and alliance with the West can translate into democratic governance and economic growth. Such a tremendous undertaking cannot be left to the Europeans or the United Nations, not least because such a division of labor

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[7]During the Cold War, security considerations compelled the United States to subsidize some authoritarian regimes that were also successful in generating economic growth. Since the end of the Cold War, however, very few authoritarian regimes have generated sustained economic growth, while the positive correlation between democratization and economic growth is striking. See Jean-Jacques Dethier, Hafez Ghanem, and Edda Zoli, "Does Democracy Facilitate the Economic Transition?: An Empirical Study of Central and Eastern Europe and the Former Soviet Union" (unpublished manuscript, World Bank, June 1999), and chapter five of the *Transition Report 1999: Ten Years of Transition* (London: European Bank for Reconstruction and Development, 1999).

[8]See Larry Diamond, "Building a World of Liberal Democracies," in Thomas Henriksen, ed., *Alternative Foreign Policy for America in the Twenty-first Century* (Hoover Institution Press, 2001).

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would undermine America's reputation as a country devoted to spreading liberty.

The Cold War offers some important positive lessons for fighting the next war against tyranny. Complementing the military campaign against communism were new weapons, including the World Bank, the Peace Corps, Radio Free Europe, and the National Endowment for Democracy. Scholarship programs designed to bring foreigners to study in the United States were another vital tool. All of these Cold War-era tools need development and refinement, and new programs may also prove useful — for example, the Freedom Corps Bush announced in his State of the Union address.

These non-military components of the new war also need reform and rethinking. For too long, "aid" has been considered a lesser, softer, peripheral component of American foreign policy. Hard-liners worked on nuclear weapons, not education programs. Only leadership at the top can change this culture. As an immediate, symbolic move, President Bush should consider changing the name and elevating the job of the administrator of USAID. "Administrator" is hardly an inspiring title. More important, the best and the brightest must be encouraged to devote more intellectual attention to devising new non-military strategies for fighting tyranny and promoting liberty. What set of ideas should the United States be promoting in the Islamic world? How can these ideas best be propagated? Which moderate leaders and movements in the Islamic world are worth engaging, and which are to be avoided? What reforms are needed within American aid agencies to make them less wasteful and more effective? The intellectual challenge is huge.

To fight a sustained battle against communism, the United States also invested billions in education and intelligence about the enemy. The U.S. government sponsored centers for Soviet studies, provided foreign-language scholarships, offered dual competency grants to compel graduate students to gain expertise in both security issues and Russian culture. Such programs aimed to combat the new "ism" exist today but are underdeveloped. We lack "human intelligence" — covert agents, spies, and informants — in the Middle East. But we also suffer from shortages of NSA linguists, academic scholars, and senior policymakers trained in the languages, cultures, politics, and economics of the Middle East. In the departments of political science at Harvard and Stanford — the two highest ranked programs in the country — there is not one tenured faculty member who is a specialist on the Islamic world.

Priorities

THE UNITED STATES does not have the capability to pursue every component of the liberty doctrine at once. Therefore, U.S. policymakers must pursue what Thomas Henriksen calls "measured global activism." Defining priorities, sequences, and timetables is crucial.

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Fighting non-governmental organizations like al Qaeda presents new challenges to security thinkers that are still underappreciated and poorly understood. Nonetheless, one factor of success for these non-state actors is clear: They are more powerful and present a greater threat to the United States if they enjoy the hospitality and support of states. Just as the secret, terrorist, non-state organization called the Bolsheviks presented a much greater threat to the West when it seized control of a state, al Qaeda grew in strength by acquiring state power in Afghanistan.[9] If al Qaeda and its allies acquired control of another state (Saudi Arabia) or even developed closer ties with a powerful regime (Iraq), then the threat to American national security would increase exponentially. Consequently, in parallel with the sustained efforts against non-state enemies like al Qaeda, new campaigns against hostile regimes must also be opened soon.

Framing the war correctly. Before launching new campaigns, however, the immediate priority is still the intellectual challenge of framing the war correctly. The enemy is tyranny. The most menacing enemy is Islamic totalitarianism and those states that support this ideology. The enemy includes ideologues, radical movements, and autocratic regimes that support these forces. The enemy is not the people of Iraq, Iran, North Korea, or Saudi Arabia. The enemy is not Islam. On the other side of the barricade are those democratic regimes, democratic movements, and democratic individuals — including individuals in Cairo, Tehran, and Tashkent — dedicated to containing and eventually toppling anti-democratic forces.

Promoting liberty within the "axis of evil." Once the contours of our new struggle have been articulated clearly, the next phase of the new war must be the promotion of liberty in those countries that support anti-Western revolutionaries like bin Laden and also are developing weapons of mass destruction. Not coincidentally, these kinds of regimes are also dictatorships. Only one country firmly meets all of these criteria — Iraq. Regime change in Iraq must be the next application of the liberty doctrine. Ultimately, military

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[9]Communism spread in the twentieth century not because of poverty, "imperialism," or "colonialism." Rather, communist ideas proliferated and communist states sprouted because local communists succeeded in establishing a beachhead in a powerful country — Russia. Without the peculiar circumstances that allowed the Bolsheviks to seize power, there would have been no Communist Party in China, no people's republics in Eastern Europe, and no communist regimes in Cuba, North Korea, Vietnam, Angola, or Afghanistan. Communist ideology — and communist theories in the social sciences (once a legitimate school of thought even in the United States) — withered after the Soviet state disappeared. Likewise, the vanquishing of the powerful Nazi Germany killed the world fascist movement. The same will be true of Islamic totalitarianism. Already, the destruction of its main beachhead, Afghanistan, has radically impeded the spread of these fundamentally anti-liberal ideas. Similarly, democracy has spread in this century because power — American power — propelled it.

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force will have to be deployed to achieve this outcome. Before doing so, however, U.S. policymakers should declare their commitment to the creation of a democratic regime in Iraq, which could include greater autonomy if not independence for the Kurds in northern Iraq.[10]

The strategies for dealing with Iran and North Korea will have to be different. In Iran, the Bush administration must stop treating the country as a unitary actor and instead recognize and support the allies of liberty there. It is disturbing that the liberalizing forces in Iran have made the tactical decision to avoid commentary on foreign affairs, and therefore do not denounce Iran's support for Hezbollah. At the same time, American officials cannot hold these liberalizing forces in Iran to a standard higher than the one to which they hold Gen. Pervez Musharraf in Pakistan, whose government, after all, sponsored and supported the Taliban regime in Afghanistan and continues to harbor and fund terrorist groups. The same can be said of the Saudi regime, an American ally. Rather, the promotion of liberty in Iran requires new engagement of democrats within the country, in both the state and society. Khatami is not the Gorbachev of the anti-Islamic revolution. Unlike Gorbachev, he does not control the guns. Nor has a Yeltsin-like figure — i.e., someone determined to destroy the ancien regime rather than reform it — yet emerged in Iran. Still, the parallels between the late Soviet period and the current situation in Iran are striking. The analogy suggests a similar strategy for American foreign policy — sustained praise for and encouragement of reformers within the state and quiet support, including material support, for societal actors seeking to change the system altogether.

In North Korea, the problem is Kim Jong Il, a crazy and insecure dictator. The collapse of his regime is more likely to be revolutionary than evolutionary — through a coup or a massive uprising (most likely manifested in its first phase as starving millions crossing the Chinese border). In this situation, the best policy option is full support of South Korean engagement of the North Korean regime. A premium must be placed on people-to-people contacts. Increased knowledge among North Koreans about South Korea's prosperity is surely an effective weapon against Kim Jong Il's regime.

Promoting liberty among friends. With a few exceptions, U.S. foreign policymakers must promote liberty proactively and aggressively. The experience of democratization, especially in the twentieth century, demonstrates that the earlier an autocratic regime begins to liberalize, the better the chance of a peaceful, evolutionary transition to democracy. Dictators who initiate reform from above can shape the pacts, interim arrangements, and constitutions of the new liberal regime. Those who wait run the risk of guiding

[10]Some argue that Iraq does not support bin Laden or al Qaeda. Even if the direct link cannot be proven, there is little doubt that Saddam Hussein and bin Laden share similar objectives in the short term. Treating them as allies dedicated to the weakening and destruction of liberty, therefore, is justified.

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regime change when opposition forces have mobilized.

Bush and his administration must take this message to the autocrats who currently consider themselves allies of the United States. Regime liberalization does not mean full-blown democracy overnight. For instance, the ruling elite in Saudi Arabia, Egypt, Kyrgyzstan, and Pakistan might consider the initial step of opening the legislative branch to popular rule while maintaining control of the executive branch. The only policy that cannot be pursued is inaction or the tightening of autocratic rule. Thankfully, the Bush administration has a new role model — Gen. Musharraf in Pakistan — that it can assist and develop. If successful, Musharraf's reforming regime can then serve as an example of the benefits of liberalization for other pro-Western autocrats in the region.

Territorial disputes. Territorial or sovereignty disputes cannot be confused with the ideological battle, even if at times they overlap. During the Cold War, American foreign policymakers made their greatest mistakes when they conflated aspirations for decolonization or self-rule and the world communist movement.

The earlier an autocratic regime begins to liberalize, the better the chance of a peaceful transition to democracy.

The United States cannot resolve every battle of contested sovereignty. U.S. officials must understand, however, that festering conflicts over real estate eventually strengthen radicals and attract outside revolutionaries. Chechnya, Kashmir, and Palestine are three places to which extremist proponents of Islamic fundamentalism have flocked. Continued conflict in these regions has bolstered the ideological claims of the extremists and helped their recruitment efforts. The Bush administration, therefore, can no longer pretend that the United States does not have a national security interest in solving these territorial disputes. As the world's only superpower, the United States is the only country that can compel Israel and Palestine as well as India and Pakistan to engage in the search for long-term solutions. (And a key component of successful long-term solutions will be democracy in Pakistan and Palestine.) And though U.S. leverage vis-à-vis Russia is weaker, President Bush and his administration must make the end of hostilities in Chechnya a condition of further Russian integration into the West.

China — a half-threat. In the long run, China has the potential to grow to become a major power in the international system. (Those that call China a great power now are either bad mathematicians or alarmists.) The liberty doctrine, however, must also be applied to China. Given the other priorities already mentioned, U.S. officials will not have the focus or resources to promote liberty aggressively within China for the foreseeable future. At a minimum, however, Bush must speak candidly and publicly about China's dictatorship. Most important, Bush and his team cannot buy into the false

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promise of the multilateralists, who contend that trade and membership in international institutions will eventually domesticate the Beijing regime. Instead, Bush and his team should recognize and bolster those democrats within China who have already committed themselves to liberty's cause.

Russia — a half-ally. Without qualification or hesitation, Russian President Vladimir Putin pledged his country's support for the American war against terrorism and then backed up his sympathetic rhetoric with concrete actions, including most dramatically Russian acquiescence in American military deployments in Central Asia. Some have described Putin's moves as tactical — he wants cover for his own "war against terrorism" in Chechnya, he is seeking Russian membership in the World Trade Organization, or he desires more economic assistance from the West. They are only partly correct. In addition to these short-term motivations, Putin's actions reflect a profound strategic vision for his country. Putin, like most Russian citizens today, wants Russia to be a full member of the Western community of states. September 11 offered Putin and Russia an opportunity to demonstrate which side of the barricade they want to be on.

To be a full member of the West, however, requires that Russia become fully democratic. Russia will always be a conditional or second-class member of the Western community if Russia remains a partial democracy or reverts to dictatorship. If Bush commits to promoting liberty in the Middle East and South Asia, then he must demonstrate consistency by promoting democracy in Russia as well. Unlike China or Saudi Arabia, Russia already has democratic institutions, albeit weak and unconsolidated. Opinion polls also demonstrate unequivocally that the majority of Russian citizens has embraced democratic norms and practices. Putin is the problem as well as the opportunity. Bush must help his new Russian friend understand the benefits of maintaining democracy and spell out the consequences of undermining it. Consolidating democracy in pivotal states like Russia must be a key component of the liberty doctrine.

Hope

THE BATTLE AGAINST communism took more than a century. This new battle against a new "ism" could take longer. Yet the West eventually did win the war against communism, an outcome that few predicted just a few decades ago. Our new war against a new "ism" will be long and difficult. But armed with the proper conceptual framework and grand strategy — the liberty doctrine — it can and will be won.

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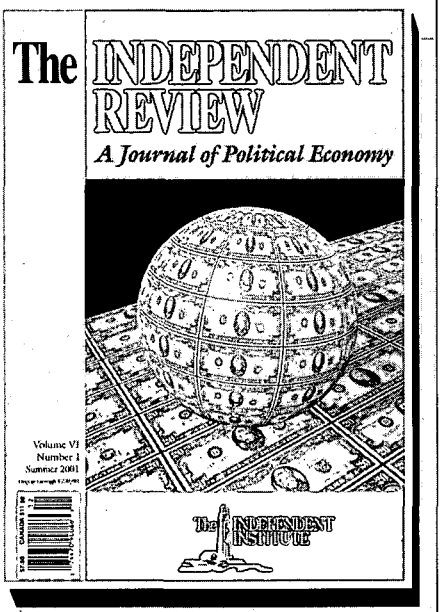

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The Wellness Gospel And the Future of Faith

By RONALD W. DWORKIN

UNTIL RECENTLY IN human experience, religion and medical science occupied distinct and separate spheres. Religion dealt with problems of the inner life, including spiritual and emotional trouble, while medical science managed the outer life of the body. Lately, however, and by contrast, the relationship between religion and medical science has fluctuated, creating a dizzying problem of identities. Alternative medicine, to take one example, borrows from both religion and medicine, making it a confusing hybrid. At other times, religion and medical science swap roles altogether — as when religion stands guard over stem cells, for instance, or when medical science uses drugs like Prozac and Zoloft to rescue people suffering from everyday sadness.

Another new phenomenon only adds to the confusion: Based on evidence that religious belief is good for one's health, some medical doctors are trying to siphon off spirituality from religion itself, or at least to make religion a junior partner in their enterprises. Thus, in varying ways, have religion and medical science gone from being strangers to competitors and, most recently, even helpmates.

This newest connection between medicine and religion takes two general forms. In the first, doctors emphasize the health benefit that comes from active involvement in organized religion. A well-known study published in the *Journal of Chronic Diseases* describes an association between weekly church attendance and lower rates of coronary artery disease, emphysema,

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and cirrhosis. Further research has linked religious commitment to lower blood pressure, reduced levels of pain among cancer patients, improved post-operative functioning in heart transplant patients, and even reduced mortality in general.

Mindful of such evidence, some doctors active in this branch of the pro-religion movement have come to embrace religion in full, as it is historically understood. Other doctors, however, have sought to amputate that same phenomenon. They believe that spirituality is the active, beneficial ingredient in religion — that the rest is fluff. In the forms of biofeedback, transcendental meditation, and mind-body medicine, these doctors foster spirituality outside of religion's institutional and moral framework. They admit that physical health can never be totally divorced from moral behavior (for example, monogamy decreases the chance of AIDS as well as a host of other infections), but they do believe that spirituality is a natural phenomenon in itself, the rigors of orthodoxy quite aside. Even atheists, they insist, can fight disease through greater spiritual awareness.

Some doctors believe that spirituality is the active, beneficial ingredient in religion — the rest is fluff.

An emerging "science of the spirit" supports this claim. Meditation, for example, has been shown to cause a "relaxation response" that leads to reduced muscle tension and a change in the body's neuroendocrine system. Brain scanning reveals a characteristic change among those who meditate, especially in the area of the temporal lobe. The new science of the spirit ignores the impact of religious commitment on health, concentrating instead on the physical manifestations of spiritual awareness. Still, it shares with the epidemiology of church attendance a common purpose: harnessing religion for health purposes.

Medicine's effort to separate spirituality from the main body of religion, or to forge an alliance with religion in general, finds support across the ideological spectrum. Atheists hope that research into the physical underpinnings of religious belief will prove that God is just a phantom of the mind. Yet equally supportive of exploring that same connection is the John Templeton Foundation — a conservative, pro-religion organization that actively funds research into the medical benefits of spirituality. By publicizing these medical benefits, the Templeton Foundation believes it is helping to promote religion.

Organized religion, for its part, is ambivalent about the new alliance. On the one hand, too much emphasis on the health benefits of belief risks transforming religion into just another treatment modality. On the other hand, religion wants to preserve a role for itself in a secular, science-obsessed age. Thus, religious authorities are even starting to use science to corroborate what was once taken on faith alone. On hearing reports that the temporal lobe might be the site where people "experience" God, for example, the

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bishop of Oxford declared that God had purposely put an antenna in our brain to connect us to the divine.

Organized religion's support for a closer union between religion and science is particularly evident in the caring professions. Some religious counseling programs are changing their faith-based curricula over to a more secular, behavioral-science approach. The pastoral counseling program at Loyola College in Baltimore is one such program. Its chairman says that the program's faith structure now pays considerable attention to "clinical expertise" and rests on a base of "solid knowledge." In turn, graduates of this Catholic college program adopt an "inter-faith mentality," which means that Catholicism goes from being an all-encompassing worldview to an interesting option worth considering. Thus, at times, does the alliance with medicine turn each individual religion into one theory among the collected works of human thought.

A personal anecdote helps illustrate the point that it is religion, not medicine, whose authority tends to be undermined by this alliance. A while back, I found myself talking about mental health issues with two elderly ministers and a pastoral care worker. I had just finished my medical training and was the youngest and least experienced professional in the conversation, yet the order of rank among us did not correspond to the official categories of age or wisdom. On the contrary, the ministers and the pastoral care worker deferred to me because I had the greater scientific training. One minister even ostentatiously dropped references to the latest scientific research in an effort to achieve parity with me!

Thus, from the point of view of believers, the growing alliance between religion and medical science is a potentially ominous trend. In the short run, one can argue, religion benefits from having a sound, utilitarian basis; and it is doubtless true that more people will make religion a part of their lives if they think religion will help them live longer. But these are short-term, perhaps even Pyrrhic, gains. In the long run, both religion and society suffer from medicalized spirituality, or from any other too-close alliance between religion and science.

After all, one of the purposes of religion is to guide people when science runs out of answers. Religion has tremendous explanatory powers based on ideas that can neither be proven nor justified by science but which are essential to giving people a more complete notion of their being. In my medical career, I have listened to dying patients ask, "When I am not, what will there be?" Even healthy patients often express morbid thoughts provoked by life's difficulties. These people long to be petted and comforted, yet medical science offers them little consolation. Science simply lays out the truth of their condition; then, when rational argumentation fails, it has no recourse but to suggest a trial of mood-modifying drugs. Religion operates in an entirely different mode. It prods people to imagine a relationship with the entire universe. That relationship, which science calls a dream, turns the world into an understandable affair, which calms the mind.

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When religion has a strong connection to science, it is less able to meet the scope of people's imaginations. This is because science arouses in people a penchant for facts and a desire for the useful, which is the antithesis of a dream. In order to communicate with science, let alone ally itself with science, religion must downplay its "irrational" side, including those beliefs about the universe that science cannot confirm. Even if medical science were to make religion an equal partner in its enterprises and to respect religion's "irrational" side, religion would still find it hard not to yield to science's influence. Believers would cling devotedly to biblical legends, but find it difficult to conceal from themselves the practical reasons for doing so. Vast ideas entertaining the special nature of man would form the abstract and theoretical portion of religion, and start to seem less worthy of careful attention. Once anchored in the stark and commonplace realities of life, religion would inevitably exchange its unique role in explaining the mysteries of life for a minor role in healthy living.

Religion would inevitably exchange its unique role in explaining the mysteries of life for a minor role in healthy living.

Supporters of religion might be satisfied with the trade-off. They might be happy knowing that people are going to church, and people going to church might be happy knowing that they will live longer by doing so. But people — including my patients — will continue to wonder about their momentary, vacillating existences, and their imaginations will continue to crave answers. When religion, by allying itself with medical science, has so strayed from its basic purpose that it can no longer give them answers, people will find themselves in an ongoing state of perplexity. Religion's explanatory powers, trimmed by science, will have less and less influence on their lives. This is why the growing alliance between religion and medical science has serious repercussions for religion as an institution, for spiritual life itself, and of course for the broad and public bioethics debate.

Better religion through health?

As a physician, I have observed that when people find religion by way of their obsession with sickness, they tend to follow the utilitarian line of thought that led them to religion in the first place. Long after they recover, health remains the principal object of their religious convictions. They meditate and pray to control their blood pressure. They remain monogamous to avoid catching a venereal disease. They do yoga after their heart attacks. They read books on spirituality to improve their general health, medical science having convinced them that inner peace

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can be deduced from an informed mind. They follow the programs of religious people's lives so that they might live as long as the authors who write them. Medical science continues to set the conditions of their existence long after the close brush with death that led them to religion in the first place.

This is not surprising, as the fear of death is more elemental than any yearning for truth. When people discover religion through the fear of death, their instinct to survive is animated, and the bulk of their mental energy is concentrated on those aspects of religion that are preventative or therapeutic. Against such narrow-mindedness, it is difficult for another understanding of religion to take hold. People grow prejudiced against any philosophy of spiritual rejuvenation that lacks a tangible benefit. They take what they perceive to be religion's only valuable asset — its supposed connection to longevity — and push the rest aside.

For the most part, doctors who support the new alliance between religion and medicine are content with this outcome. Their goal is to treat disease and to prolong life, not to rescue souls. But the religious and conservative supporters of the alliance (i.e., those who think that "religion as therapy" might evolve into true belief) will inevitably be disappointed. My own experience with patients who discover religion in response to sickness suggests that they can be subdivided into four categories.

The first group includes people who are attracted to religion because they like the process. They like meditating in the same way that they like going to doctors. Just doing so makes them feel healthier.

The second group includes people who have little interest in religion, yet observe highly educated doctors recommending it. From this observation, they conclude that religion is a thing of great value and indispensable to health.

The third group includes people who are astonished by the achievements of science. They assume that anything connected to science is worth believing in, even if they themselves do not properly understand it. The fact that only a small number of doctors can comprehend the new science of the spirit, for example, is almost taken to be a proof of its truth.

The fourth group includes people who have tried unsuccessfully to regain their health through religion but, rather than give up, view their failure as accidental or ascribe it to bad luck. With a peculiar mixture of devotion and boredom, they continue to go through the motions of religion, waiting impatiently to get the goods they have been promised.

What immediately strikes the observer is that none of these motives is religious in spirit. These people have adopted their faith artificially, mistakenly, and even senselessly. There is nothing to suggest that they will eventually bind religion to their hearts and then naturally live in such a way as to fulfill religion's demands. It is only because they fear death that they profess religious belief, mouth religion's precepts, and repeat words that, to them, are devoid of meaning.

I have come across patients who embrace religion after a close brush with

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death because they want to save their souls or because they fear burning in hell. Their religious faith also has a utilitarian basis. But unlike patients who use religion to heal their bodies, these people have allowed religion's "irrational" concepts to enter their imaginative circuitry. They believe in souls and in hell. Because the latticework of an "irrational" dream already exists inside their minds, these patients sometimes move toward religion in a more serious way. They start out with an oversimplified definition of things unseen that is later corrected. This is a radically different process from that of medicalized spirituality, where the aim of faith starts and remains at the level of the body.

This is hardly to deny that secular concerns can indeed lead one to religious belief. Tocqueville, for example, observed entrepreneurs in nineteenth-century America fix their minds on distant objectives, then slowly and steadily work toward those objectives to gratify them. Such people grew accustomed to hoping from afar, and their mental habit led them to religious ideas and finally to a state of faith. Attending church for the sake of physical health, however, not only lacks a parallel with religious thinking; it actually conflicts with it. Those who pray to lower their blood pressure think not in a certain way, but about a certain thing — their health. Their minds do not run along the same psychological groove as the minds of those who are ready to contemplate the infinite.

Religious worship may one day be reduced to the same trivial level as eating right or exercising daily.

No fool would turn down a chance to live longer if the only thing he had to do was go through the motions of religion. Yet this truth may one day reduce religious worship to the same trivial level as eating right or exercising daily. If Americans pursue religion to protect their health, religion in this country will gradually evolve toward the European form. Religion will become useful, and a way of maintaining the comforts of life, but less sincerely felt. It will influence our leisure activities and our manners, but it will have no greater influence on our pious sentiments than fine art or thoughtful films. Religion allied with medical science inevitably leads to religion being considered solely from the human point of view.

In my experience, people who embrace religion for health reasons often remain quite like themselves; religion does not change them. Yet, over time, while they do not change, their attitude toward religion may. It may even grow hostile. In European political history, to cite one possible analogy, religion paid a high price for allying itself with temporal powers and for trying to make itself useful. Though such alliances dramatically enriched and empowered the church in the short run, that same institution then lost favor whenever its political allies weakened. Over time, as governments came and

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went, and the fortunes of Catholicism and later Protestantism went up and down, religion came to be viewed with the same skepticism as the state. Lukewarm faith among the people gave way to skepticism, at times even disgust.

If religion allies itself with medical science in this country, there may be an analogous outcome. Consider, after all, that medical science advances through an endless process of self-questioning and self-correction. When people see this process applied to religion, and their understanding of how religion "works" keeps changing, they will grow doubtful. Moreover, medical science is not always successful. Over time, as religion fails to restore their health, people will grow indifferent.

Medical science also sanctions inequality, since physicians and other licensed authorities reserve for themselves the right to interpret scientific literature. When religion enters this rigid scheme, and untrained minds are pushed aside, people will grow resentful.

Medical science receives tremendous support from the government, though there is always jockeying among interest groups for the best budgetary position. When religion is attached to medical science, and becomes just another interest group, people might begin to resent religion for setting itself up as a competitor for government benefits.

Thus do religious institutions risk much in an alliance with medical science, while the return on that risk is very low.

When spirituality goes medical

In the interests of fairness, particularly toward the medical profession, we must bear in mind that the uncoupling of spirituality from religion is as much a popular phenomenon as a scientific one. Many people in the larger culture now describe themselves as "spiritual" but not religious. Using a religious idiom, they talk about inner peace while deriding organized religion for being intolerant and judgmental. "Spiritual" practice has become such a freestanding concept that it even forms a distinct category in demographic surveys, lying right under Protestant, Catholic, and Jewish on the list of respectable choices.

At the hospital where I practice, this coarse, uninspired approach to spirituality is often observable. In one case, an internist directed both a social worker and the hospital minister to investigate the inner life of a female patient who suffered from unexplained high blood pressure. The doctor cried, "I have an elevated blood pressure without a cause. I need a cause." The special drama of this patient's life — her inability to connect with others and find the meaning of who she was — was, to this internist and to the management team in general, merely a source of illness. Eventually, the patient was put on both an anti-hypertensive and a psychotropic drug.

I know a physician who teaches meditation. Though he uses meditation

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only for healing wounds, he compares the trance-like states he induces in patients to Buddhism's "sixth sense" and Christianity's "universal element." In religion, states of awareness form part of the larger quest for truth, and I asked the doctor whether wound-healing wasn't a rather pedestrian goal for spirituality. Angrily, he replied that wound-healing was essential, and that if people were trapped on a desert island with open wounds, their very survival would be at stake. What could have more meaning in life, he asked, than the struggle for survival? By twisted logic, he somehow transformed wound-healing into a holy mission.

In medicalized spirituality, the whole medley of conditions and feelings that define religious life loses its splendid pitch. The delicate sentiments, the exalted thoughts, and the urge to poetry are all eclipsed by the shadow of a more pressing need — survival. The spiritual life descends from the realm of the moral to the realm of the animal, where the goal of life is just to exist.

Science believes that the instinctual life of animals can teach us much about the inner lives of human beings.

Medicine is not the only scientific discipline trying to bring the inner, spiritual life of human beings down to the level of the animal. Physical anthropologists, for example, study pair bonding in the animal kingdom to gain insight into the problems of marriage. Psychologists study chimpanzees in order to better "understand" human family structure. Love, we are told, fulfills a basic utilitarian purpose, and science studies the courting rituals of chicken and fish to grasp its meaning. Loneliness is supposedly mediated through neurotransmitters in primates, compelling primates to affiliate. Science believes that the instinctual life of animals can teach us much about the inner lives of human beings.

When religion and medical science form an alliance, spiritual life follows this same long chain of degradation. Exposed to science's hyper-rational gaze, the noblest thoughts of mankind are carefully inspected for their practical value. Science tolerates with nervous condescension religion's beautiful and subtle expressions of the divine, then quickly moves on to those aspects of religion that are more utilitarian.

Scientific spiritualists will protest. They will argue that their science does not challenge religion or the existence of God, nor is it antithetical to lofty expressions of the human spirit. On the contrary, it simply studies the religious experience as a general phenomenon. For this reason, they will say, a science of the spirit poses no threat to the awe and wonder people feel while pondering the eternal dimension.

However, because of faith's delicate nature, a science of the spirit does indeed pose a threat. For centuries, organized religion layered one "irrational" belief over another to create a unified system of thought. Angels and

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demons, heaven and hell, stretched the limits of the human imagination, but the whole enterprise seemed perfectly reasonable because everyone agreed beforehand that the existence of God constituted established fact. Belief in God was the cornerstone of religion because it was the one "irrational" idea that most appealed to the reasoning part of people's minds. It upheld all that was laid on top of it.

When science intervenes and people are taught to look upon the "perception of God" (as opposed to the existence of God) as established fact, religion weakens considerably. The concept of God, because it fails the empirical test, suddenly becomes like all the other crude delusions. Since science looks upon God's existence as mere conjecture, it compensates religion for the loss by encouraging people to rally around the notion that our awareness of God is an authentic "hyperlucid unitary experience" operating from special neural networks inside the brain. By conceding this ground, the scientists actually think they are doing religion a favor. But when the perception of God replaces belief in God as established fact, religion's pyramid of belief comes crashing down. Reasonable minds will refuse to propagate the central idea — the belief in God — which is the cornerstone on which all other irrational beliefs in the religious system rest. Once that idea disappears, religion collapses.

Scientific spiritualism declares human beings to be the only animals that have the neural capacity to perceive God. In this way, its supporters argue, the new science makes a distinction between human beings and animals, unlike those disciplines that lump man and animal together. But because all science sees the struggle for existence as the basic law of life, scientific spiritualism cannot help but focus on the practical benefits that follow from our tendency to believe in God. Some researchers, for example, argue that the neural machinery compelling us to believe in God has important genetic survival value. They say that religion encourages conformist behavior and tribal loyalty, which promote social stability and therefore make religion a "positive evolutionary development." Thus, in the end, scientific spiritualism does not really raise man above the animals; it merely puts man adjacent to the animals. Our special ability to imagine the divine becomes like the wolf's keen eyesight or the lion's strength — merely a comparative advantage of human beings in the animal kingdom.

All banality, no evil

MEDICALIZED SPIRITUALITY not only undermines religion; it also distorts it. Researchers into the spiritual life have different ways of describing spirituality, but many of them see spiritual awareness as a form of altered perception. Whether spiritual awareness is rooted in a sudden flux of neurotransmitters or is somehow akin to the aura people experience during temporal-lobe epilepsy, researchers view it as a

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kind of enlightening trance. One scientist goes so far as to lump spiritual people with other bizarre cases of misperception, including amputees who suffer from phantom-limb pain or brain-damaged patients who believe that their limbs belong to someone else.

Medical science turns spirituality into a peculiar sensual phenomenon, which it is not. True religious spirituality is built on a thoughtful understanding of the world — it is neither supernatural nor abnormally intense. Rather, it elucidates certain routine aspects of life, such as one's obligation to others or one's purpose in life, and is experienced day to day as a kind of vague consciousness. Scientists have wrongly confused spirituality with a funny feeling. They see it as similar to the sensation one has while half-asleep, looking at the world through a dreamy haze, and most susceptible to suggestion.

When medical science changes the definition of spirituality from a philosophy that integrates all the issues of life to a mere sensation, laypersons can be deluded into thinking they lead spiritual lives when they really do not. People who experience a special mental phenomenon within themselves satisfy one criterion for spirituality, but they err when they equate a feeling of excitement, intensity, or anticipation with spirituality. Spirituality is not the heady sensation one enjoys while hoping or searching for something; it is the moment of repose that follows from knowing something. If a man believes in the recirculation of souls and that his future life depends on his actions in the present, and then conducts himself every day according to that belief, then that man is spiritual. If a person believes himself to be one of God's chosen people and that in order to receive God's protection he must please God, which he tries to do every day, then that man is spiritual. Spirituality is rational and sensible, like a general truth so ingrained in the mind that it makes behavior almost unthinking and reflexive. Spirituality begins with an understanding of one's position in the universe and ends when it insinuates itself into all thought and conduct.

If science's definition of spirituality continues to make inroads, not only will people come to look upon their particular sensation as a substitute for real spirituality, but they will begin to seek out new ways to experience that sensation. By turning spirituality into a feeling, scientific spiritualism indirectly legitimizes efforts to achieve "spirituality" through medication. Because scientific spiritualism looks upon the "rational mind" as almost an impediment to spiritual awareness, the medication will most likely be hypnotic or stupefying. From a slightly different angle, those suffering from neurological deficits — for example, a genetic defect expressed in the temporal lobe, or a deficiency in neurotransmitters — and who lack the capacity to feel a certain way might wrongly conclude that religion is beyond their grasp. To compensate these people, medical science might even encourage the use of medication to help them mimic the vital sensation.

These scenarios may seem farfetched, but there are aspects of scientific spiritualism that are indeed farfetched. I attended a lecture on spirituality at

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which a physician presented the following "evidence": A single human mind, if it concentrates deeply enough, can perturb the outcome of a coin-flipping trial, causing heads to occur more often than tails. This is nothing more than telepathy, which is a variation on magic.

Scientific spiritualism tends to have a very strong connection with the supernatural. Book topics in the field, for example, include the promise of alchemy and the possibility of life on other planets. When spirituality is separated from religion, made into a mysterious feeling, and then put under the control of science, the potential for "irrational" belief is just as great as it is in traditional religion. The major difference is that medicalized spirituality has access to scientific modalities, including prescription drugs, to sustain itself, while religion has little more than incense.

This tendency toward a belief in the supernatural is increasingly part of the general culture. Angels, for example, are considered with the utmost solemnity in television's "Touched by an Angel" and in a movie starring John Travolta. As science and religion fight for control of the spiritual realm, the supernatural, the irrational, and the absurd begin to form the basic characteristics of spiritual life.

Scientific spiritualism indirectly legitimizes efforts to achieve "spirituality" through medication.

Those who believe most fervently in angels, for example, see life as something badly arranged and filled with wicked people, and to calm their minds, they imagine heavenly creatures swooping down to help them. They ignore those religious principles that are simple, intelligible, and compatible with existing knowledge; such principles are logical, but provide no measure of hypnosis. Because these people worship religion's external form (that part of religion that is inconsistent with reason), they find themselves faced with a contradiction, like winged humans, that cannot be easily resolved, so they distrust their reason and assume that everything in the world is possible. Supported by all the techniques of persuasion available to Hollywood and even some clergy, the images of angels prey on people's weak spots, then dilate to include other science-fiction legends until, finally, they form the basis of religious understanding.

Rational people reject such behavior as a disease and look for shelter in the arms of science. But some of them have the same weak spots as those who believe in angels and therefore look for similar fantasies to fill up the emptiness of their lives. They bypass the simple, fundamental truths in religion because such truths are neither amenable to empirical proof nor immediately rewarding. They find supernatural delusions far more satisfying and conducive to personal happiness, though they insist that such delusions be somehow anchored in science. In this way, science gives irrational ideas the necessary crest of approval, thereby enabling rational people to accept as

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faith the hypnotism exercised over them by scientists, and to slavishly submit to ideas like telepathy, magic, and extraterrestrials.

People who believe in angels through fantasy are so superstitious that they think, "Why not?" People who believe in angels through science are convinced that they are standing at the summit of human knowledge. In both cases, the result is a tremendous distortion of the spiritual life.

The medicalization of spirituality has one other negative consequence: People come to look upon spirituality as something divorced from the lives of others. In traditional religion, spirituality is an experience that connects people to others; it is more than just a personal experience. Medical science, on the contrary, looks at spirituality as a phenomenon of the isolated individual. This prejudice stems from medicine's instinctive urge to dissect a problem and reduce it to its basic elements.

In traditional religion, spirituality is an experience that connects people to others; it is more than just a personal experience.

This prejudice is already evident in medicine's approach to the problem of unhappiness and low self-esteem. A prison psychiatrist told me about the case of a criminal who was in jail for robbery and second-degree murder, and who complained of low self-esteem. The psychiatrist recounted his response to me: "So I said to the patient, 'You have low self-esteem? Of course you should have low self-esteem. You're a robber and a murderer.' " The psychiatrist said that too many of his patients were looking at self-esteem as something disconnected from life, and to be given out in the form of a pill. He blamed his own profession for popularizing the idea by encouraging people to believe in a science of happiness.

When spirituality is medicalized, people start to see the spiritual life as something that can exist independent of outside circumstances, just as the prisoner saw self-esteem existing independent of his criminal record. Such an attitude is potentially corrupting because it liberates people from the common obligations of humanity. Under a regime of medicalized spirituality, people will think it reasonable to demand the pleasures of spiritual awareness as a basic human right, even when they have no interest in making a positive contribution to the world, and even when they refuse to participate in the lives of others.

Religion helps people achieve the spiritual life in conjunction with others because religion begins with an idea of how people should live together in a community. Medical science lacks any such conception of community. At root, it looks upon human beings as isolated, disconnected phenomena, with each human being haunted by a phantom called spiritual awareness, which is nothing more than a trick played by forces of matter when they are stimulated or energized in a particular way. In the medicalization of spirituality,

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the goal is to help people experience the soothing "feeling" of spiritual awareness by manipulating tissues, images, and ions. Other people become just useful devices in the process, like props in a room. This idea has serious antisocial consequences.

Is animal self-preservation enough?

THE ALLIANCE BETWEEN religion and medical science leads to a serious imbalance in the bioethics debate. Religion should exist as an independent base from which to comment on, and criticize, scientific activity. But when religion forms an alliance with science, it abandons that position, leaving secular bioethics as the only other counterweight. This is dangerous, for while there appear to be three independent modes of thought in the bioethics debate — science, secular bioethics, and religious bioethics — there are really only two: science and religious bioethics. When science and religion are too closely allied, there is only one — science.

One reason that secular bioethics and science collapse into a single mode of thought is that secular bioethics mimics the tendency in science to look at human existence as a form of animal existence.

Secular bioethicists care about people. In some ways, they form a branch of the caring professions. But caring has within it a high degree of indifference. Animals are handled with care; they are handled with love only if the handler pretends they are substitute children or best friends. Caring is a feeling expressed by a human being toward an animal; love is a feeling reserved for a relationship between one human being and another. This is why religion (especially Christianity) embraces love as the one attribute that has the potential to lift mankind out of the rough, brutal ways of the animal kingdom. Religion knows that caring is not enough.

Secular bioethicists and other caring professionals distance themselves from religion in order to adopt a more rational approach to human problems. By doing so, they settle for caring as the proper spirit in which one human being should deal with another. This paves the way for secular bioethicists to treat people like animals.

There is already a natural, unthinking tendency among doctors and scientists to treat other people like animals. When managing comatose patients who lack any chance of regaining consciousness, doctors sometimes mutter under their breaths that they feel like veterinarians. When an emergency Caesarian section is necessary, an obstetrician may yell at the anesthesiologist, "Put her down!" — which means the obstetrician wants the patient asleep immediately so that the doctor can start the operation. Doctors and scientists think this way because their minds are focused on anatomy and physiology, which animals share with humans. Because the professional life of a doctor is devoted to the study of the animal side of human beings, doctors care for their patients but do not really love them — which is why the

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potential for treating people like animals is always present in medical science.

Doctors and scientists depend on bioethicists and other moral guides to interrupt their narrow patterns of thinking, to lift their minds onto a different plane, and to keep their actions in check. When the bioethicists start thinking like the doctors and the scientists, any deterrent against such coarse behavior is lost. The bioethicists, the caring professionals, the doctors, and the scientists all start looking at human beings as animals to be cared for. A rather notorious example of this thinking can be found in the work of Peter Singer, a secular bioethicist at Princeton who argues that some animal lives have greater value than human lives.

Such coarse attitudes are to be expected among scientists and doctors, but it is dangerous when the bioethicists harbor them, for bioethicists are supposed to think on a different plane. Once bioethicists adopt the spirit of caring, and then blend human beings with animals, the only thing left preventing scientists from doing something truly malevolent is each one's individual conscience. And that is an insufficient safeguard, especially when difficult ethical decisions in health care are made by "committee" or through impersonal directive or "orders from above." When secular bioethicists, doctors, scientists, and other caring professionals are so conjoined that the responsibility for the results of their behavior can never fall on any one of them individually, their abusive attitudes will break through the dam of conscience, and there will be no limit to the brutality they can inflict on others.

This is why an alliance between religion and medical science is so dangerous. Medical science emphasizes animal self-preservation, not the higher nature of human beings. Doctors and scientists already lack a guiding hand in secular bioethics; in some ways, the secular bioethicists are even more brutal than the doctors. If religion is allied with medical science, there will be even less of a wholesome influence to work its will on doctors and scientists.

Triumph of the psychotropic?

A SICK PATIENT ONCE told me, "Life is very good but very difficult to understand." He was on his tenth operation for the debridement of sores that he had developed from diabetes. He did not know the ultimate purpose of these operations, since, even when his sores resolved, his diabetes would cause more in the future. And so I do not think he lived life so much as he simply habituated himself to life. He got used to the misery, even though the misery remained incomprehensible to him. Privately, he confessed to me that he wanted to die. Eventually, he did die of his disease.

An alliance between religion and medical science perpetuates the myth that life is good but unintelligible. The fact that the alliance does so may seem surprising, since medicine is based on biology, which is the study of

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life. But medicine explores life by studying very small things, like cells and nerves, and not big things, like the universe. Then, when medicine runs up against a wall, doctors say that life simply does not want to be understood and that people should make the best of it.

When religion is attached to medicine, people start to see life through the eyes of science: as a random phenomenon that defies explanation. People who think this way desperately wait for science to build a bigger microscope so that it can further its investigations and discover the meaning of life. Until then, life unfolds senselessly. Life is like a bad habit: an activity that gives occasional pleasure, occasional pain, with no great purpose, yet without which things would be unendurable.

Religion untouched by medical science makes life intelligible, and this is its greatest strength. Through its tremendous powers of explanation, religion captures the human imagination, makes life sensible, and turns life into more than just a habit.

Despite religion's new obsession with existing life, people seem more receptive than ever to ending life prematurely.

The scientific understanding of life is beginning to take hold in ominous ways. It is already exerting a bad effect on patients who suffer from chronic illness. Some of these patients want to die because they see inactive life, or life without the possibility of hope or self-improvement, to be useless. On the surface, these people seem to cherish life; they want to die because they can no longer experience life or relish it. But lurking beneath their stated reasons is a much darker image.

Life is life and death is nothingness, but for people to overcome the natural horror of death, and to embrace death because life ceases to be pleasant or rewarding, means that something in their thinking has profoundly changed. Why has the great barrier of fear dropped, making it so easy for them to want to depart? The answer: because they have come to look upon death as nothingness and life as nothingness too. In a peculiar way, science's perspective on life has infected their minds. It has caused them to look upon life as little more than dead matter that has been energized, or a series of evolving DNA sequences. When chronically ill patients see ascending life as little more than nerves stimulated for pleasure, and declining life as little more than nerves stimulated for pain, the transition from life to death is much less scary.

The new alliance between religion and medical science yields a tremendous irony. In the Middle Ages, the clergy spoke of nothing but the afterlife, preferring to ignore the happiness that a person might enjoy in this world. Yet even if the emphasis on the next life made sick people eager to see what was on the other side, morality prevented them from taking their own lives, and spirituality allowed them to see great value in mere existence. In the new alliance between religion and medical science, just the opposite occurs.

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Religion (and medicalized spirituality) refers only to life on earth, and loses all concept of lasting happiness. The next life is all but ignored in scientific spiritualism. But despite religion's new obsession with existing life, people seem more receptive than ever to ending life prematurely. When religion moves closer to science, the morality that condemns euthanasia and physician-assisted suicide evaporates, and the spirituality that once allowed even terminally ill patients to dream of something magical in their existence declines.

For several decades now, beginning with Philip Rieff's *The Triumph of the Therapeutic* (Harper & Row, 1966) and including, most recently, James Davison Hunter's *The Death of Character* (Basic Books, 1999), the transformation of psychotherapy into a substitute religion has dominated the debate over religion and medical science. Yet this chapter in the debate is coming to an end, in part because psychotherapy is losing favor among the very people who invented it. Among psychiatrists, psychopharmacology, including, most specifically, the use of mood-modifying drugs, is replacing psychotherapy as the primary mode of treatment for mental illness. To the extent that psychotherapy remains religion's rival, it has little influence on either the emerging alliance between medical science and religion or medicalized spirituality. Psychotherapy and religion hold opposing views of human nature. Like the Marxists of yesteryear who believed solely in materialism, and therefore could find nothing of value in religion, psychotherapists are committed to science, reason, and secularism, and they look upon religion with suspicion. In the emerging alliance between medical science and religion, the effort is to work together and find common ground. Doctors believe there is something positive in religion; they value what the therapists and the Marxists once dismissed.

The doctors are right to do so, though for all the wrong reasons. Religion and medical science can complement one another even while existing in parallel worlds. The successes of medical science, for example, are temporal blessings that allow our bodies to thrive. They allow people the freedom, the health, and the energy to work out their eternal destinies. This is how two separate and autonomous spheres of life — the religious and the scientific — can complement, and not just antagonize, one another. Yet complementing one another is not the same as allying with one another, or supporting a utilitarian basis for religion, or turning spirituality into an objective phenomenon. In the end, these latter arrangements simply lead to the subordination of religion to science, which people must resolutely oppose.

Religion bounds existence; science cannot. When people look for answers to fundamental questions beyond their own immediate experience and beyond what reason can provide, they feel a mysterious power over them. They naturally gravitate toward religion because it, unlike science, is a creature of the imagination, and therefore the only force that can clearly delineate the nature of that mysterious power. This is sufficient reason to keep religion intact — and away from science.

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More Choices For Disabled Kids

Lessons from abroad

By LEWIS M. ANDREWS

IF THE OPPONENTS of school choice could have their way, the national debate over the use of public money to subsidize private schooling would turn on the subject of special education. With research demonstrating the overall success of school voucher programs in Milwaukee and Cleveland, and with the constitutional issue of public funding of religiously affiliated schools headed for resolution in a seemingly God-tolerant Supreme Court, defenders of the educational status quo have been reduced to fanning fears that government support of greater parental choice would transform public schools into dumping grounds for difficult-to-educate students.

Sandra Feldman, president of the American Federation of Teachers, repeatedly warns that, with private education more accessible to the poor and middle class, good students will "flee" to independent and parochial schools, leaving behind those kids who are physically and emotionally handicapped, are hyperactive, or have been involved with the juvenile justice system. "[P]rivate schools . . . don't have to take [the learning-disabled]," agrees Tammy Johnson of the liberal activist group Wisconsin Citizen Action, so public schools would be left "to deal with those children." Even if private schools were required to take a certain percentage of disabled students, adds *Rethinking Schools*, an online publication of teachers opposed to school choice, they "tend not to provide needed services for children with

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special education needs or for children who speak English as a second language." NAACP president Kweisi Mfume predicts that the true cost of private education will always exceed what the government can afford to cover, so "those in the upper- and middle-income brackets will be helped the most . . . as long as their kids don't have personal, behavioral, or educational challenges that cause the private school to pass them by."

Given the large number of parents who have come to rely on special education services provided through America's public schools, this strategy of conjuring a worst-case scenario for learning-disabled students would at first appear a promising one. According to the *Seventeenth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act*, over 5.37 million children — 97 percent of American students diagnosed with "special needs" — currently participate in public school special education programs; their parents, many of whom have become adept at using the legal system to access an estimated $32 billion in annual services, are a potent political force. The vast majority of these parents have come to believe that their own son or daughter benefits most from being educated in the same classes as normal students — a remedial philosophy known as "inclusion" — and would vigorously oppose any policy that threatens to isolate special-needs children in separate schools for the learning-disabled.

Over 5.37 million children participate in public school special education programs; their parents are a potent political force.

The argument that school choice must inevitably create special education ghettos would appear to have been strengthened by the recent adoption of market-based education reforms in New Zealand. In the late 1980s, that country's Labour government undertook a sweeping reorganization of its highly centralized education system, replacing the Department of Education and its 4,000 employees with a new Ministry of Education staffed by only 400 people and putting each local school under the control of a community board of trustees. At the same time, the government abolished school zoning, allowing children to transfer freely between schools, even to private schools, at state expense.

A recent book on these New Zealand reforms by school choice opponents Edward Fiske and Helen Ladd, *When Schools Compete: A Cautionary Tale*, makes much of a flaw in the initial legislation, which permitted the more popular public schools to reject students who would be costly to educate or whose disabilities might drag down the test averages. The authors argue that this "skimming" or "creaming" of the better students — which did happen in some cases — is an inevitable consequence of any school choice program, a conclusion widely publicized in the United States by our teachers unions.

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Yet a closer look at how learning-disabled students are actually faring under a variety of school choice programs worldwide suggests that the special education card may not play out exactly as the opponents of market-based education reform are hoping. Take the case of New Zealand itself, which has largely remedied its original legislation with two amendments: a 1999 supplemental voucher program targeted at the country's indigenous population, the Maori, and a law requiring all schools accepting state funds to adopt a non-discriminatory admissions policy. Under the new Special Education 2000 policy, schools also receive supplemental funding for each learning-disabled child they take in; principals are free to spend the money on what they and the child's parents determine are the most appropriate services. And if the special-needs child leaves the school for any reason, the supplemental funding follows the child to his or her new placement. As a result of these modifications to the initial law, school choice now enjoys nearly universal public support, says Roger Moltzen, director of special education programs in the Department of Education at New Zealand's University of Waikato, and "is unlikely to be repealed."

The Dutch experience

To see more clearly the impact of school choice on the treatment of learning disabilities, it is useful to compare the experience of three northern European countries: the Netherlands, Sweden, and Denmark. Each has adopted school choice as part of its national education policy, but with very different provisions in the area of special education. Consider first the Netherlands, where public funding of parental choice has been national policy since 1917 and where almost two-thirds of Dutch students attend private schools.

Until about 15 years ago, universal school choice for mainstream students coexisted with a separate, complex, and cumbersome arrangement for educating the learning-disabled. The Dutch had actually maintained 14 separate school systems, each geared to a particular learning disability — deafness, physical handicaps, mild mental retardation, severe mental retardation, multiple disabilities, and so on — and each mimicking as closely as possible the grade levels of conventional public and private schools.

This separate-but-parallel system did employ private providers; it also tested children regularly to determine whether any might be eligible for transfer to mainstream schools. But by the late 1980s the Dutch began to notice a disturbing increase in the percentage of pupils classified as learning-disabled. (The number of learning-disabled students actually remained constant, but this represented a sharp percentage increase, given the steady decline in the total number of school-age children.) There was widespread concern that the special education bureaucracy was expanding its services at the expense of children with mild-to-moderate learning problems, who were

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not being adequately integrated into mainstream society. The key to reform, many believed, was to create a financial structure that gave parents of special-needs children the same educational choices as other parents.

Under a "Going to School Together" policy adopted by the Netherlands in 1990, it became the stated intention of the Ministry of Education that "parents of children with disabilities should . . . be able to choose between [any] ordinary or a special school for their child." Children who required additional services for serious learning disabilities were awarded "a personal budget," which under Dutch law parents could spend at either a special or a mainstream school. To ensure equality of opportunity for all students, supplemental funding was provided to both public and private schools in economically depressed districts, where the percentage of learning-disabled students tends to be higher.

Today the Dutch educational structure enjoys strong support from all political quarters, but especially from advocates of greater inclusion for the learning-disabled. Already the number of separate special school systems has been reduced from 14 to only four.

The Swedes and the Danes

COMPARE THE EVOLUTION of special education services in the Netherlands with Sweden, which in March 1992 adopted a "Freedom of Choice and Independent Schools" bill. It gave parents "the right and opportunity to choose a school and education for one's children" by granting all independent schools a municipal subsidy equal to 85 percent of the public school per-pupil cost multiplied by that private or parochial school's enrollment. Independent schools that received this funding were free to emphasize a particular teaching method, such as Montessori, an ethnic affiliation, or even a religious affiliation — but all had to be licensed by the national authority, Skolverket.

Like the Dutch, the Swedes had adopted a universal choice policy, but with one important limitation: The parents of special education students were not effectively granted the same freedom as parents of normal children. This omission was due in large part to Sweden's long history of pedagogic paternalism, which for decades had lowered testing standards, altered textbooks, and micromanaged both classroom and extracurricular activities — all in an effort to avoid making the learning-disabled feel in any way inferior. ("A handicap," according to official publications of the Swedish National Agency for Special Needs Education, "is not tied to an individual but is created by the demands, expectations, and attitudes of the environment.") When the Swedes finally adopted school choice for mainstream children, they were reluctant to risk letting learning-disabled students "flounder" in this new, more competitive educational marketplace.

The result today is that the majority of Sweden's deaf students are still

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educated in separate institutions. Other special-needs students, who supposedly have been integrated into the educational mainstream, continue to suffer under a centrally managed system in which support services are negotiated between school principals and municipal finance officers, with parents having little input. In theory, all conventional schools are supposed to have an action plan outlining a program of support for their special-needs students. According to a 1998 study by Sweden's National Agency for Education (NAE), however, only half of the country's schools maintain any such plans and fewer than 20 percent of affected parents feel they are able to participate.

One interesting consequence of this lingering paternalism is that the percentage of Swedish children classified as needing special education services is high relative to other industrialized countries and continues to grow at a disproportionate rate. Between the school years 1992-93 and 1996-97, according to the NAE, the number of students registered in schools for the mentally impaired rose by one-fifth. Furthermore, the severity of disabilities tends to be ranked higher within categories. For example, only 25 percent of Sweden's mentally retarded are considered mild cases, while 75 percent are labeled "moderate-to-severe." In the United States, by way of contrast, the proportions are exactly reversed. To what extent this reflects the failure of Sweden's centralized management of special education — or simply the tendency of a large bureaucracy to expand its client base — is unclear at present, but the failure of Sweden to make school choice truly universal has clearly undermined the government's stated goal of promoting greater inclusion.

Today the Dutch educational structure enjoys strong support from advocates of greater inclusion for the learning-disabled.

Finally we come to Denmark, where political support for private education dates back to 1899 and where 11 percent of students attend more than 400 private schools with municipal governments covering 80-85 percent of the cost. Compared to Sweden and the Netherlands, the Danish education ministry has the longest history of, in its own words, letting "resources follow the [special-needs] child." Parents normally have the final say over what school their learning-disabled son or daughter attends, and if an independent school is chosen, the Ministry of Education pays a sum per pupil to the receiving school, with the student's hometown ultimately reimbursing the ministry. The Ministry of Education provides supplemental resources — such as classroom aids, extra courses, and after-hours tutoring — through special grants on a case-by-case basis.

The startling result is that only 0.7 percent of Denmark's 80,000 learning-disabled students are confined to specialized institutions — as compared

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to five times that percentage in the United States. The Paris-based Organization for Economic Cooperation and Development (OECD), which tracks special education statistics internationally, has praised the Danes for their exceptionally "strong commitment to inclusive education" and for years has held up Denmark's approach to schooling as a model to the rest of the world.

One obvious conclusion to be drawn from the three-way comparison of the Netherlands, Sweden, and Denmark — as well as from the experience of New Zealand — is that inclusion is not only possible under school choice, but with the right policy adjustments, may succeed to an extent not even imagined by American educators. The critical variable appears to be the willingness of legislators to extend freedom of choice to all parents, including the parents of the learning-disabled. In Australia, a school choice country where supplemental funding to support special education is provided to both private and public schools by the national government — but where individual territories have wide discretion in directing how the money is spent — those regions which provide the most flexibility to parents of the learning-disabled also have the best record of mainstreaming. From 1990 to 1995, the percentage of special-needs students successfully integrated into schools in New South Wales more than doubled, while the number of Schools for Special Purposes (the Australian euphemism for segregated special-needs schools) declined sharply. By contrast, West Australia retained most of its separate schools during that same period.

Inclusion is not only possible under school choice, but may succeed to an extent not even imagined by American educators.

It is also worth noting that, regardless of the degree to which choice has been offered to parents of the learning-disabled, the subsidy of private education in foreign countries has not turned government schools into the "special education ghettos" American critics have predicted; rather it has led to a general increase in standards for all schools. According to studies by the European Agency for Development in Special Needs Education (EADSNE), the choice of an independent school in countries subsidizing private education is based far less on academic status than on a school's denominational affiliation, its political or social leanings, and, in some cases, the school's mix of instructional languages.

In a recently published review of education in Denmark, the Netherlands, and Sweden, EADSNE notes that private schools in these countries are "not generally considered elite" and that attending one confers "no added status or advantages." It is true in the case of the Netherlands that private schools have the legal right to impose admissions criteria, but in practice the vast majority follow an unrestrictive admissions policy. Sweden has seen a large

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increase in its number of private and religious schools since legalizing choice — an average annual growth of 15 percent — but this is from an extraordinarily low base created by a steeply progressive tax code that, prior to 1992, had made private education prohibitively expensive for all but the wealthiest families. Australia has a number of elite private boarding schools, which cater to parents of children from Hong Kong, Singapore, and Malaysia; but the domestic reality is that nearly half the enrollment in Australia's non-government schools is from families with a combined income of less than $27,000 (U.S.). In none of the 18 countries that in any way subsidize private or parochial education could the increase in the number of independent schools be described as a "massive flight" of the most capable students from public education.

Upon thoughtful consideration, the failure of school choice policies abroad to harm public education is not surprising. In the United States the concept of public funding of private education has become synonymous with the idea of a voucher system whereby parents receive a tuition coupon from the government for each of their children, which they are free to redeem at a school of their choosing. This equivalence between choice and vouchers in the American mind has allowed opponents of school choice to conjure up fearful scenarios in which wealthier families combine vouchers with their own resources to bid up and buy out limited slots at the most prestigious private schools.

There are many ways to finance school choice, with as many protections for the poor and disabled as the state is willing to entertain.

Even if we put aside the appropriate counterargument — namely, that a free education marketplace would create as many good private schools as the public demanded — we have already seen that there are many ways other than vouchers to finance school choice, with as many protections for the poor and disabled as the state is willing to entertain. In Australia, where school choice was actually adopted as a populist reform in 1973 by a liberal-leaning Labor government, subsidies for private education are based on what is called a Social Economic Status (SES) model. Students attending private schools from wealthy towns receive assistance amounting to less than 25 percent of tuition, while students from poorer areas in the western part of the country can be reimbursed up to 97 percent. Technically speaking, school choice refers only to a method for making educators more accountable to parents — by empowering parents to choose their children's schools — not to any ideological bias involved in selecting among the many options for financing this method.

If there is a cautionary lesson to be learned from the experience of foreign countries, it comes from the United Kingdom, where in 1981 the parlia-

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ment adopted the Assisted Places Scheme with the aim of providing private school tuition scholarships to 11-, 12-, and 13-year-old children from low-income families. By 1992 there were more than 26,000 voucher students attending almost 300 independent schools throughout England and Wales — and a separate parallel system had been established in Scotland.

Yet in spite of the program's apparent success, the annual enrollment cap of 5,000 was not raised, nor was there a serious effort to include children in their younger, more formative years. Instead, in 1988, Parliament enacted a more limited form of school choice, very similar to what Connecticut Sen. Joseph Lieberman and other Democrats are now advancing in the United States as a "moderate" alternative to a freer education marketplace. Under this "open enrollment" system all students were allowed to transfer between government-run schools on a space-available basis, but no funding could follow a student to private (what the English call "public") or religious schools, thus inhibiting the ability of education entrepreneurs to offer students real academic options.

Britain's attempt to limit parental choice to government schools has created the very special education ghettos that opponents fear.

The result of Britain's attempt to limit parental choice to government schools has been to create the very special education ghettos that opponents of school reform say they are against. "Popular schools in wealthy communities have devised many subtle ways to keep out expensive-to-educate students," observes Philip Garner, research professor in special education at Nottingham Trent University. Children with learning disabilities "are confined to failing schools in poorer districts, such as Liverpool, Tower Hamlets, and Hackney." In a telling indication of popular dissatisfaction with England's "moderate" approach to choice, the number of appeals brought before that country's special education tribunal reached 35 per week in the school year 1995-96. It was not until just before the last election, with polls showing a growing public anger over declining social services, that Parliament finally passed legislation allowing private companies and foundations to take over management of what the tabloids were calling "Britain's sink schools."

Inclusion and achievement

So far we have seen that school choice is not only compatible with inclusion but may, under the right circumstances, be the most effective means of implementing it. Yet social inclusion is not a synonym for academic achievement. How, we must also ask, does a more com-

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petitive educational marketplace affect the intellectual development of learning-disabled students?

One clue comes from, of all places, the United States, where the same administrators who oppose choice for mainstream and moderately impaired children in their own schools tend overwhelmingly to favor private placements over public institutions for their towns' most difficult-to-educate students. According to Department of Education statistics, over 2 percent of the nation's learning-disabled population — 100,700 students — are contracted out by local school boards to independent institutions, many operated by Catholics, Jews, Mennonites, Quakers, Lutherans, Baptists, Methodists, Presbyterians, and Episcopalians. Ironically, the states that rely most on private providers to teach the severely disabled have been among the staunchest opponents of market-based education reform: California, Connecticut, Illinois, Maryland, Massachusetts, New Jersey, New York, and Rhode Island.

American public school administrators are far less inclined to use private providers to teach students within their own walls; yet when they do, the results are instructive. In the school year 1999-2000, the school board of Hawthorne, California, hired Sylvan Learning Systems to offer remedial reading services to its learning-disabled students, while continuing to tutor normal children with regular teachers. According to the Hawthorne district's own standardized test, the special education students exceeded the gains of the non-special education students by five points for a total Normal Curve Equivalent (NCE) gain of nine. (NCEs are a common standard for measuring student progress in reading.) Special education students who completed a similar program in Compton, California, during the same school year made similar gains.

The overall academic success of special-needs students in school choice countries has led the European Agency for Development in Special Needs Education to conclude that the policy mechanisms for providing services to the learning-disabled may be just as important to their intellectual and social development as any teaching technique. In its recently published *Seventeen Country Study of the Relationship Between Financing of Special Needs Education and Inclusion*, EADSNE found that monopolistic public school systems characterized by "direct input funding" — that is, upping the budget for every increase in the number of learning-disabled students — produced the least desirable outcomes. Conversely, school systems characterized by multiple service providers, decentralization, accountability to parents, and an emphasis on teaching over such bureaucratic procedures as diagnosis and categorization "seem to be the most successful" at helping the learning-disabled to grow into happy, productive adults.

Again, it is useful to consider specific countries. In Sweden — where, as we have seen, choice is encouraged only for mainstream students — a telling split has developed in measures of parental satisfaction with the educational system. In 1993, a poll conducted by Sweden's National Agency of

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Education concluded that "85 percent of Swedes value their new school choice rights," a clear indication that parents of mainstream children were pleased with the academic results. On the other hand, studies by the same agency showed that the confidence of parents of learning-disabled children in Sweden's special education services was eroding at a rapid pace. It is "alarming," concluded the NAE in its 1998 report, *Students in Need of Special Support*, "that parents of more than 100,000 schoolchildren feel that the school system does not have the means to give their children the support they may need."

Halfway around the world in New Zealand, where exceptional efforts have been made in recent years to ensure that special-needs students benefit from school choice, experts such as Dr. David Mitchell of the School of Education at the University of Waikato record significant progress in the treatment of learning disabilities. Over the past three years, he notes, New Zealand's special education system has moved "from being relatively ad hoc, unpredictable, uncoordinated, and nationally inconsistent to being relatively coherent, predictable, integrated, and consistent across the country. It is moving away from . . . seeing the reasons for failure at school as residing in some defect or inadequacy within the student to seeing it as reflecting a mismatch between individual abilities and environmental opportunities."

School systems characterized by multiple service providers and accountability to parents "seem to be the most successful."

In Australia, a 1998 study funded by the national Department of Education, Training, and Youth Affairs found that many intellectually and physically disabled students who received an inclusive education under the nation's school choice program were "achieving in literacy and [math skills] at the same levels as their peers and, in some cases, much better than their classmates." Because the overwhelming percentage of non-government schools in that country are religiously affiliated, the internationally respected Schonell Special Education Research Centre at the University of Queensland has begun a previously unthinkable study to determine the extent to which faith improves academic achievement in the learning-impaired.

Current dissatisfactions

ALL OF WHICH suggests that the more American parents of learning-disabled children become knowledgeable about the benefits of school choice around the world, the more the advocates of the status quo may regret ever trying to exploit the issue of special education in

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the first place. After all, notes Thomas B. Fordham Foundation president Chester E. Finn, it's not as if parents of learning-disabled children are anywhere near being satisfied with the services public schools now provide. "America's special education program has an urgent special need of its own," he writes. "It is, in many ways, broken." Jay Matthews, education reporter for the *Washington Post*, agrees, noting that journalists, himself included, "have done a terrible job telling this story. Special education systems are often too confusing, too bureaucratic and too bound by privacy rules to yield much useful information." What research is available, he adds, "suggests that the special education system has led to widespread, if well-intentioned, misuse of tax dollars and has failed to help kids."

To appreciate the unexpected way in which parental dissatisfaction with current services may shape domestic education policy, consider the surprising evolution of the "A+ Plan," the statewide voucher program adopted by the Florida legislature in 1999. Although initially regarded by some as a muted reform because children were not entitled to a private education unless their public school had failed to meet minimum academic standards in only two of four years, the law did authorize a sweeping pilot program for learning-disabled students in Sarasota County. Under this test project, the only requirement for a special-needs child to transfer to a private school was that his parents express dissatisfaction over his progress at meeting the goals of his individualized instructional plan.

So popular was the pilot program that just one year later, state senator John McKay was able to pass an amendment to the original A+ Plan, allowing the Sarasota County provision to apply to the entire state. According to the new law, known as the McKay Scholarship Program, private schools taking on a special-needs child could recover from the government from $6,000 to $20,000, depending on the severity of the child's disability. The only caveat was that any school wanting to participate in the program had to accept all learning-disabled applicants. In the school year 2000-01, 105 private schools in 36 of Florida's 67 districts signed up to enroll more than 900 special education students. Over the current academic year (2001-02), Florida state officials estimate the number of learning-disabled students receiving assistance will quadruple to 4,000, while the number of participating schools will triple to more than 300.

Although researchers have yet to identify the precise reasons the expansion of the McKay Scholarship Program had such easy political sailing, anecdotal evidence suggests strong backing from the largest group of eligible families: those with moderately disabled children who, while continuing to be promoted with their classmates, were nevertheless floundering academically. "My child needed a choice, an alternative. [She] was lost in middle school," says the mother of a scholarship recipient from the western part of the state. "She was held back early on, and the district did not want to keep holding her back, so even though she was not learning, she was moved along." Black clergy from Florida's cities, where the percentage of fourth-

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graders unable to read can soar as high as 60 percent, were also outspoken advocates of the McKay Scholarship Program.

Interestingly, a similar alliance of middle-class parents and minority clergy seems to have coalesced behind President Bush's recently enacted "No Child Left Behind" education bill. While stripped of its initial tuition voucher proposal for mainstream schools, the legislation nevertheless retained its "supplemental services" provision, which makes parents at over 3,000 poorly performing schools nationwide eligible for federal funding of remedial tutoring at an independent school or even a private company of their choice. Essentially a remedial education voucher program, it lets parents decide how and where the funds will be used.

While the prospect of advocates for the learning-disabled leading the charge for school choice here in the United States will doubtless come as a shock to the teachers unions and their political allies, it is hardly without precedent. Much of the shift toward the privatization of public education in Europe and elsewhere has come from political activism on behalf of special-needs students.

Indeed, it can be argued that opponents of school choice and parents of the learning-disabled were never very likely to stick together in the first place. Unlike mainstream students, most of whom can survive one bad year of mediocre instruction, a special-needs child can be permanently damaged by a single incompetent teacher, whose tenured position is protected by the current public school monopoly. In the end, the parents of learning-disabled students have the same goal as all market-oriented school reformers: to make every educator accountable to the highest possible standards.

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The Doctor-Patient Breakdown

Trouble at the core of the medical economy

By PHILIP R. ALPER

WITH AMAZING SPEED, American medicine is evolving in uncharted directions. Managed care has transformed a "cottage industry" run by highly individualistic physicians into a far more controlled enterprise in which many other players wield major influence, both financial and professional. In the process, two medical economies with greatly differing perspectives and fortunes have emerged. Once mutually supportive, their relationship has deteriorated.

The *core economy* comprises the work and economic output of physicians and related professionals who diagnose and treat patients themselves. Though medical doctors are licensed and regulated, they have historically been accorded substantial autonomy and a primacy among peers, much like that accorded the captains of ships. Privileges and authority have been closely coupled with reciprocal obligations and responsibilities for both. The captain may command, but he is the last to leave the ship; physicians may give

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the orders, but they are not free to abandon patients or to refuse to give care in emergency circumstances. Physicians tend to work longer hours and more years than other professionals.

The *peripheral economy* provides the financing, management, and technology that support the care of patients. Enterprises as diverse as manufacturing drugs and writing health insurance policies all contribute to patient care, though not independently. The face of modern medicine would be very different without this peripheral economy, but it is physicians who ultimately give the orders that are required to diagnose and treat patients.

The distinction between core and peripheral medical economies may appear to be either arbitrary or a misnomer, not least because the "peripheral" medical economy accounts for more than 80 percent of health dollars. Remarkably, until recently, the "core" earnings of physicians have remained fixed at 18 percent to 20 percent of health expenditures despite all the innovations of the past 50 years — Medicare, managed care, new technologies, and a doubling of the number of practicing physicians. The consistency of physician earnings in relation to the rest of the medical economy suggests that physicians have occupied a constant place even as the structure of health care has undergone dramatic change. The peripheral economy, meanwhile, has enjoyed remarkable success under managed care. In one fabled success story, nonprofit California Blue Cross was on the verge of insolvency in 1992 when it reinvented itself as for-profit WellPoint and went on to become a $6.77 billion corporation by 2001. The pharmaceutical industry has also enjoyed record profitability. On the other hand, Healtheon, now WebMD, failed to realize its dream of "capturing the doctor's desktop" and making itself indispensable to health care — despite the prestige and resources of its founders. And physician management companies, once Wall Street favorites, have failed spectacularly, leaving physicians skeptical of overarching controls.

The "core" earnings of physicians remained fixed at 18-20 percent of health expenditures.

But in general, the peripheral economy has been successful. And perhaps unsurprisingly, the success of the peripheral economy has provoked a backlash. State medical associations in New York, Florida, and California are suing major managed-care insurers for a variety of practices, including take-it-or-leave-it contracting and retroactive lowering of physician fees. Frequent inflammatory statements from CEOs of Aetna and WellPoint have heightened the adversarial climate; the two companies have recently been embroiled in litigation over unfair business practices. Physicians have protested bitterly as their incomes have fallen and their autonomy has eroded in a managed-care world that blurs the roles of insurer, physician, and patient.

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Ironically, managed care first emerged with the pledge to modernize and streamline medicine's cottage industry. Yet, in practice, fragmentation of authority has become pervasive. Employer associations and even individual employers sometimes set target standards — and specify dosages for medications. HMOs decide whether to pay for MRI scans, angioplasties, and bypass surgery. At the same time, alternative health practitioners — chiropractors, acupuncturists, herbalists, spiritualists, and a host of others — see more patients than all primary-care physicians and osteopaths combined. (Incongruously, many managed-care plans provide insurance coverage for a portion of this care.)

Reduced authority does not diminish physicians' legal liability. Most risk remains with the physician, rather than with the insurer or the employer who chooses and funds HMO insurance, because generally only physicians are legally empowered to direct patient care. More important, the Employee Retirement Income Security Act of 1974 (ERISA), which aimed to stimulate the growth of HMOs, continues to shield HMOs from responsibility even when there is reason to believe their actions have injured patients. This exemption has been one of the key points of dispute in the congressional and White House wrangling over the Patients' Bill of Rights.

Is it the HMO, with its power to approve or deny payment, that is realistically at fault when coverage for care is withheld and the patient then fares poorly? Or is the physician who prescribes the treatment, but who has no authority to compel payment, responsible for the consequences? Is refusal of payment merely that — or is it tantamount to vetoing the physician's therapeutic recommendations? Passionate disagreement over such issues preoccupies the courts, the Congress, and the media. Not only is it a matter of who *is* in charge, but also of who *should* be in charge. The core medical economy and the peripheral medical economy, then, are often at odds. Yet it is hard to imagine how medicine can long be successful unless the two economies support each other. They are, however, drifting farther apart — and in certain respects, it looks like a reckoning is drawing closer by the day.

Searching for "best practices"

At the heart of these disputes is a concern that doctors do not entirely know what they are doing. For both financial and quality reasons, government and the managed-care industry agree that non-doctors should monitor and stimulate change in physician behavior.

There is a real basis for their distrust. John Wennberg's landmark study of "small area variation" revealed that hospital utilization for equivalent illnesses in Medicare patients was significantly higher in Boston than in New Haven. In other studies, hysterectomy and prostate surgery rates showed comparable discrepancies from one locale to another — sometimes between

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adjacent towns. Angioplasty and cardiac surgery rates varied in similar fashion. In these and many other cases, there was no discernable medical reason to explain a disparity that seemed to be more a question of medical style than anything else. The physicians in question, despite their widely differing approaches, were all convinced that they were doing the right thing for their patients.

Intuitively, one would think there ought to be a "right" way, or at least a best way, to treat an infection or heart attack or to do a particular operation, but doctors seem to have trouble reaching agreement. Where treatment methods differ, are there negative consequences for patients? As medical journals considered the question, employers and insurers joined in the search for "best practices." Since employers finance their employees' health insurance, they reasoned, the employer ought to receive maximum value for his money. Insurers claim that better preventive practices and treatment yield better patient outcomes at a lower cost.

Managed care adopted the concept of the personal physician, but changed its meaning in a major way.

A new statistical tool — meta-analysis — aids the quest to identify the best treatments. Heretofore, it was difficult to compare one research project with another because studies are never identical; even minor differences in method make drawing conclusions difficult. Meta-analysis circumvents this problem by analyzing all published studies together, differences notwithstanding, and using statistical methods to extract useful information. Acceptance of meta-analysis is not universal, however. In one case, proponents reported unsuspected cardiac risks with two of the newer anti-arthritic drugs. Opponents deny the significance of the report.

In any event, more powerful literature review has boosted the international effort to create an "evidence-based medicine." The Cochrane Collaboration, headquartered in Great Britain, coordinates input from around the world. Evidence-based medicine and best practices lead seamlessly to the creation of "clinical guidelines," templates for physicians to follow in the care of specific illnesses or clinical situations. Detractors call this cookbook medicine. Proponents praise it as state-of-the-art.

Medical specialty societies, the National Institutes of Health, as well as individual health plans and physician groups have produced several thousand guidelines. Because no guideline can encompass all cases — and because some guidelines remain more a matter of expert medical opinion than of proven fact — guidelines generally are considered advisory rather than mandatory. When medical cases end up in court, however, plaintiffs' attorneys portray clinical guidelines as immutable laws and deviation from them as malpractice.

Ironically, the original impetus to put medical practice on a sounder scien-

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tific footing, to limit variations in practice, and to improve patient outcomes came from within the medical establishment — not as a response to employers, insurers, or angry consumers. Academic physicians pioneered the application of scientific analysis to medical practice. Major journals, including the *New England Journal of Medicine* and the *Journal of the American Medical Association,* have devoted significant space to such efforts. But to their collective chagrin, the reform effort was commandeered by the employer-insurer-consumer coalitions that represent the managed-care movement. From the start, issues of quality, freedom, and money undermined the fundamental logic of this medical revolution. The primary physician, for example, was loudly touted as the best person to decide when to make specialty referrals. After all, who knows the patient better? And who else could better understand the medical issues? Besides, hadn't research shown that specialists spend much more money than primary physicians when they treat the same illnesses? And weren't all parties in the coalition united in wanting to reduce rapidly rising medical costs? But in so designating the primary physician, the managed care movement also in effect recast that doctor's role in the system.

From personal physician to gatekeeper

For years, the American Society of Internal Medicine had spoken of the internist as a "personal physician," who would act as a patient's guide through the health system. It was clear that the relationship between doctor and patient would be voluntary and focused exclusively on the patient's welfare. The patient would command the total loyalty of the doctor. Managed care adopted the concept of the personal physician but changed its meaning in a major way.

The personal physician became the "gatekeeper" physician — a manufactured being with multiple loyalties extending far beyond the actual patient. Gatekeeper primary physicians were to approve referrals to appropriate specialists and authorize in-patient hospital care — all within the context of making the best use of each health plan's financial resources. As it later turned out, this often proved to be a thankless task, the primary physician serving as a barrier to consultations and treatments that patients desired but which did not fit the doctor's or health plan's definition of medical necessity. During the patients' rights debate, a *New York Times* editorial praised the pending legislation because both the House and Senate versions "provide patients with prompt access to emergency care and specialists, such as pediatricians and gynecologists, without a referral from a primary care physician." Primary care case management is now seen as safeguarding the profits of insurance companies.

Many physicians worried about an inherent conflict of interest. A few chafed at being required to conserve resources without any influence on how such savings would be redirected. But none could argue that there wasn't

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waste in free-choice medicine. The American Academy of Family Physicians actively promoted the idea of managed care as a more rational way to maximize resources, rein in excesses found in specialty care, and bring payers and physicians closer to agreement on what constitutes good medical practice. They promoted family practitioners as the ideal primary care providers because of their wider range of services compared to internists or pediatricians. Federal and state governments allocated funds to support an increase in the proportion of primary versus specialist physicians from the one in three found in the United States to closer to two out of three, the typical ratio in other Western nations where per capita health expenditures were lower.

Physicians were pressed to consider the welfare of the entire population of patients served by an insurer's health plan as their collective responsibility.

Initially, employers were reluctant to interfere with their employees' choice of physicians and hospitals. "Indemnity" insurance that paid a percentage of charges was the norm. In order to promote and lend respectability to a theoretically less expensive medical "system," Congress passed the HMO Act in 1973. It required businesses with more than 25 employees to offer at least one HMO option among their health insurance choices. Physicians were promised access to more patients in return for discounted fees.

This was a marriage seemingly made in heaven. With access to discounts, employers escaped the double-digit rate of medical inflation in the 1980s. Insurers were able to limit their risk not only by securing discounts, but also by contracting with individual physicians or medical groups to supply a range of services at pre-determined rates, usually on a per-patient-per-month basis. These "capitation" payments essentially exported the insurance risk from the carriers to the physicians.

For the first time in medical history, physicians were pressed to consider the welfare of the entire population of patients served by an insurer's health plan as their collective responsibility — even if it meant not doing all they could for any individual patient. Thus, managed care began to affect medical practice on an unprecedented scale. Power passed from health professionals to insurers and coalitions of employers like the Pacific Business Group on Health.

Throughout this process, "trimming the fat in the system" was supposed to save money without harming patients. There were some notable successes. Ever since the 1946 Hill-Burton Act provided federal money for hospital construction, the number of U.S. hospitals had steadily increased to more than 7,000. Many had low occupancy rates and raised charges to offset high fixed costs. There seemed to be no political will to eliminate unneces-

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sary beds and even less to close unnecessary facilities. As with military bases, local jobs and patronage were involved. Insurance carriers kept writing ever-larger checks and passing on the costs to employers, who ultimately rebelled. Only then did contracting with hospitals for special rates for newly minted HMO or preferred provider organization (PPO) patients in advance of care replace paying blank-check "usual and customary charges." The result was the elimination of many surplus beds, closure of some facilities, and substantial savings. Medical inflation leveled off — for a while.

The California experience

Economists might argue that the customary laws of supply and demand also apply to physicians. If true, the relationship must be complex. According to the U.S. Census Bureau, California placed eighth in the U.S. in the per capita ratio of doctors in 1990. And yet managed care took firmest root in California — a state that did not have the greatest physician surplus, where fee discounts in exchange for volume should make the most competitive economic sense. Today, many doctors are leaving the state, which has now slipped to twelfth in doctor-patient ratio. Low pay and high living costs are cited.

Managed care is currently embattled not only with the Patients' Bill of Rights, but also with the more fundamental problem of a public tired of restrictions but unwilling to pay more for less intrusive management. Nevertheless, managed care should have considerable staying power, given its incentive structure that empowers insurers, acting on behalf of employers (and less clearly of patients), to bottom-fish the medical marketplace and pay the minimum acceptable contractual rates to physicians and other providers of care.

California Blue Cross has justified questionable practices — including unilateral retroactive fee reductions to physicians — as attempts to secure the most services from providers of care at the least cost, thereby benefiting consumers. As a result, the California Medical Association has been pursuing litigation against Blue Cross for several years. Judge David Garcia of the San Francisco Superior Court, who recently approved class action for the latest suit, noted the power imbalance between the plan and the physicians — and the threat to physicians' economic survival of not agreeing to treat the more than 2 million Blue Cross patients on Blue Cross's terms.

Until recently, employers considered nothing but price in choosing health insurance. One survey of insurance benefit managers showed that only 7 percent even considered quality of care to be a principal consideration in their choice of health plan. Physicians are incredulous that, in an age of gourmet foods, designer clothing, and custom housing, medical care has been relegated to lowest-dollar status. From the physicians' perspective, their vocation has been commoditized.

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A recent study in the *Archives of Internal Medicine* tracked this process in San Mateo County, California, where medicine has experienced a managed-care-induced industrial revolution of sorts that has dramatically affected all aspects of medical practice. From 1993 to 1998, two very large purchaser organizations spearheaded a four-year progressive reduction in health premium rates throughout California. The Pacific Business Group on Health — comprising 45 large employers who purchase health benefits for 3 million employees, retirees, and their families — and CalPERS, the retirement fund which plays the same role for 1.2 million public employees, had demanded and won reductions that then benchmarked the market rates for other insurers. Statewide premiums fell to 21 percent below the U.S. national average by 2000. San Mateo County, where the costs of living and of producing services are among the highest in the country, was especially impacted. The county now has the lowest cost-adjusted medical insurance payouts in the nation.

97 percent of patient billings at Mills Peninsula Hospital are subject to contractual discounting. Most of the remaining 3 percent are never paid.

The funding gap has created a medical depression in San Mateo County, which has otherwise participated in the unparalleled wealth creation of the hi-tech boom. In centrally located Burlingame, the average house price is $810,000; physicians are failing to qualify for home loans. The renowned Palo Alto Medical Clinic, despite more lucrative insurance contracts than its neighbors and a well-funded foundation, was forced to stop accepting new patients for primary care in 2001 by an inability to attract new physicians to provide care.

Nearly three-fourths of the local populace now belongs to an HMO. As the least expensive non-charitable health choice, employers often offer only HMO coverage to their employees. If Medicare, Medicaid, and PPO patients are added, the number of patients treated under contract rises above 90 percent. One-third of the population is treated by the Kaiser-Permanente system, a prepaid multispecialty HMO group practice. Given these numbers, only a handful of physicians do not participate in managed care. Robert Merwyn, president of Mills Peninsula Hospital in Burlingame, reports that 97 percent of patient billings at his hospital are subject to contractual discounting. Most of the remaining 3 percent of the charges are never paid.

All health providers have struggled to deliver care more economically. A majority of physicians have joined independent practice associations (IPAs), which interface with insurance companies, negotiate payments to doctors, and set fees. Some are paid fee-for-service. Other physicians receive the per-head, per-month "capitation" payments in exchange for their agreement to provide all necessary care within their expertise around the clock. Capitation

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rates vary from $8 to little more than $20 monthly, except for infants and the elderly, where rates are higher.

IPAs save physicians from the Herculean task of dealing with the contracting, utilization review, and other administrative departments of multiple insurance carriers — a necessity unless the physician wants to put all his financial eggs in one or two insurance-carrier baskets. IPAs really are quasi-insurance organizations. In California, the recent Speier law has subjected them to solvency standards. With little beyond the doctors' own capital to support most of them, more than 20 IPAs filed for bankruptcy in 2000. More than half currently fail at least one of four tests of fiscal solvency, according to Daniel Zingale, director of the California Department of Managed Health Care. The CEO of one of the surviving IPAs concedes that he lacks the funds to audit the payments made by insurance carriers.

Physicians have seen their investment in IPAs disappear along with large chunks of their accounts receivable. (IPAs are less common outside California, but IPA failures in Texas, a state very medically different from California, shows that their vulnerability is not a local aberration.) IPA critics also observe that IPAs insert a layer of administration that consumes 10 percent to 15 percent of the insurance premium beyond the 20 percent to 30 percent taken by health plans for administration and profits.

Pressure on physicians relates to physician supply, the extent of penetration of managed care, and the degree to which employers exert downward financial pressure on insurance premiums. Massachusetts, for example, has a high managed-care presence and 52 percent more physicians than the national average. Median physician earnings reported by the Massachusetts Medical Society were $129,300 in 1998, dropping to $120,600 in 2000 — and much lower than the median national physician earnings reported by the American Medical Association of $199,600 in 1997 and $194,400 in 1998. As HMO penetration increases, non-HMO insurance premiums tend to fall and financial stress is brought to bear on the system. California has six of the top 10 HMO counties in the nation, the highest being Sacramento with 75 percent penetration. San Mateo County is fourth at 72 percent.

The inefficiencies of managed care

TO WHAT DEGREE are these processes self-adjusting? Physician recruiter Martin Fletcher explains that a high managed-care presence is just as likely to undermine physician earnings in high cost-of-living areas (Boston and San Francisco) as in places where costs are low or marginal (Florida and Philadelphia). Pockets of acute distress occur when steep discounting, rapidly rising office expenses (up 61 percent in Massachusetts since 1994 after adjustment for inflation), and high cost of living combine. A physician exodus has become apparent in Boston, Buffalo, New York, and Sacramento County, California, where the number of physi-

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cians dropped 20 percent from 1995 to 2000.

Until recently, most HMO patients were very happy. But approximately 80 percent are not ill and never experience the more burdensome restrictions of HMO care. At the same time, they benefit from low rates and freedom from paperwork, both of which are highly popular. Under California's Knox-Keene law, patient liability is limited to small co-payments, usually $5 to $15. Even if the health plan cannot pay its bills, physicians are prohibited from charging patients for care rendered but for which the physician was never paid. Nor can physicians immediately stop treatment.

Patients who are accustomed to the lower out-of-pocket costs of HMOs (which typically include prescription drug benefits) are loath to leave. A Kaiser Family Foundation survey reported in September 2001 that despite the brouhaha about patient rights, the majority of HMO patients remains satisfied. Since most of the discontent is found among the minority who use medical services more intensively, this is unlikely to change radically anytime soon.

Over the past two decades, typical primary care office expenses rose from one-third to two-thirds of income.

Financial pressures normally stimulate economies, but physicians have encountered a paradox. Managed care has demanded and imposed elaborate bookkeeping, slowdowns in payments, difficult processing of patient eligibility, burdensome paperwork, and numerous bottlenecks to care, such as lengthy approval processes for individual prescriptions. Many of these provisions infantilize physicians, who must repeatedly seek permission from lesser-trained employees of health plans. The complexities also drastically raise overhead costs. Over the past two decades, typical primary care office expenses rose from one-third to two-thirds of income, mainly due to the increased administrative demands of managed care and Medicare, both of which have been superimposed on other inflationary pressures.

Spyros Andreopoulos, former public affairs director at Stanford Medical Center, has examined the inefficiencies of managed care. California's problems are anything but unique, he writes, "a symptom of a widening national crisis driven by ill-considered actions and flawed market-driven health policies." Yet few such commentaries exist apart from the complaints of those working within the system.

Medicine has been fragmented by a maze of ever-changing contracts that may make economic sense to insurers but whose success often comes at the price of exporting additional costs and inconvenience onto physicians and patients. Given the implausibility of adhering to a dozen or more Aetna or Blue Cross or other carrier-specific drug formularies, practice guidelines, and preventive medicine schedules (and of altering them every time a patient changes insurance carriers), it appears that managed care has invented the

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horse — in the automobile age. Unfortunately, it is not yet politically correct to say so.

Physicians accuse managed care of not covering their costs and of "predatory pricing," while managed care responds that they are paying market rates. Blue Cross in California and Texas have aroused particular ire because of especially low payments and hard-nosed bargaining techniques, such as permitting contracts to lapse and then negotiating after enormous patient-care dislocations have already taken place. The fee pressures of HMOs also apply to PPOs, which are misleadingly named because the preferred providers in these organizations are distinguished only by a willingness to sign the carriers' typically non-negotiable contracts.

Under the year 2000 Blue Cross PPO contract, reimbursement dropped from $5 per minute for the first five minutes to under $2 per minute for 45 minutes. For a full-hour consultation, the physician donated the last 15 minutes free of charge. Considering that office overhead for an internist generally runs at $130 to $150 hourly, it is hard to economically justify remaining in practice without creating something akin to a Medicaid mill. Other insurers also compress their fee schedules, similarly punishing physicians who spend more time with their patients or who accept complex time-consuming cases.

In California, six health plans control more than 80 percent of the market. Physicians have followed lawyers and accountants in "bulking up" to augment their negotiating clout, but unlike the Sutter Hospital Group with its statewide network of hospitals, they have not been successful in winning either substantially better rates or anything close to a pro rata share of rising health insurance premiums. The average capitation rate reached its pinnacle of $45 per patient per month in 1993, according to PriceWaterhouseCoopers. By 1999, it had fallen to $29 while the cost of living jumped 25.2 percent over the intervening six years.

"There's cost sharing between all of us — hospitals, insurers, doctors — because of growing inflation, pharmacy costs, etc.," PacifiCare spokesman Tony Salters told the *Dallas Morning News*. "Everyone is being affected by it." There are some odd features to the relationship, however. Physicians in separate practices cannot bargain collectively because of anti-trust laws. They find themselves sitting at the table with far more powerful and wealthy competitors for the same dollars and, as in the story about the man who eats with a lion, discover that the lion eats first. At the moment, local lions are flexing their muscles. Stanford hospitals have canceled all HMO contracts and the University of California has cancelled its agreement to see San Mateo Medi-Cal patients. Such events make physicians nervous because they must take up the slack during contract disputes. Primary physicians become the ultimate guarantors of the system when specialty care becomes unavailable.

Some physicians, hoping to level the playing field, supported legislation by California Rep. Tom Campbell that would have allowed limited collec-

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tive bargaining. The bill passed the House in 2000, surviving concerted Republican attempts to amend or undo it on behalf of the insurance industry (presaging the debate on the Patients' Bill of Rights). The Senate, however, did not act on it. In the process, the American Medical Association became convinced that its longtime Republican political allies were now so much in thrall to the insurance industry that they no longer cared about physicians. In 2001, the AMA's campaign contributions to Democrats for the first time exceeded those to Republicans — and by a wide margin. This reflects an emerging reality: that the free market in which doctors compete against one another for patients is being transformed into a competition among insurance carriers that marginalizes physicians.

Managed competition vs. managed care

MOST AMERICANS RECEIVE health care on a fee-for-service basis, but a different delivery mode has been offered by the Kaiser-Permanente Plan, the nation's largest pre-paid group practice health plan that is responsible for the care of 8.1 million patients. This is the model that Stanford's Alain Enthoven had in mind when he conceived the idea of "managed competition" among a handful of integrated care systems analogous to the major automakers.

The Kaiser-Permanente structure was the original conception of "managed care," a large physician group setting its own professional standards, while financing and the provision of facilities are handled by the "Kaiser" component of the duality forged by Henry Kaiser and Dr. Sidney Garfield in the 1930s. Permanente physicians do not need formal permission to make referrals. They choose their own drug formularies and create their own preventive and treatment guidelines. In order to achieve this professional independence, the medical group went toe to toe with Henry Kaiser, who would have preferred to control what he paid for.

Apart from Kaiser-Permanente, managed care allows little or no participation by contracting physicians in setting standards for care or in choosing covered laboratories, consultants, preventive care guidelines, and formulary drugs. Typically, plans adapt guidelines like those of the Cancer Society or the Centers for Disease Control of the National Institutes of Health and implement them without external discussion. They hire pharmacy benefit managers to cut deals for the inclusion of drugs on proprietary formularies. Physicians are then given their marching orders.

Management guru Peter Drucker, who wrote a seminal paper on the utilization of knowledge workers, would point to the lack of buy-in and participation by physicians. Neither morale nor quality of output is facilitated this way. Moreover, the managed care model that treats all physicians as essentially identical when they enter practice and then, years later, still considers them the same regardless of their achievements is unlikely to foster excel-

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lence. Likewise, with patients coming and going depending more on the results of employers' changing choices of insurance plans than on the quality of care or patient satisfaction, there seems to be little future in primary care medicine for physicians who thrive on long-term relationships. Indeed, it is hard to identify another business in which good service does not automatically lead to a loyal clientele and long-term relationships.

Managed care's impact in San Mateo County is pervasive. Most physicians are unhappy. More than half experienced actual declines in income and three-fourths failed to keep up with inflation in the 1990s. But dissatisfaction is statistically independent of falling income or medical specialty. Most physicians believe the quality of care has suffered and express frustration with their practices. Most would not want their children to become physicians. The financial and psychological data support the diagnosis of significant depression in both dollar and emotional terms.

The managed-care wars also buffeted Kaiser-Permanente. For three years, the company recorded unusual financial losses due to adverse experiences in California and the East. According to the *Archives* study, San Mateo Kaiser-Permanente physicians began to reflect the negativism of office-based community physicians, though to a lesser degree. They were far more likely to look with favor on their drug formulary and treatment guidelines, which they or their representatives played a part in creating. Of course, these physicians were pre-selected for a belief in managed care, or at least a willingness to work with it, so it is difficult to know whether non-Permanente physicians would be good job candidates for managed care in either venue. At present, there seems to be either a maladapted work force or an inappropriate system — or both.

Quality control

"THE SINGLE GREATEST error consumers make is to assume that if doctors disagree, one has to be wrong," says medical librarian Shirley Maccabee. That error also underlies the effort to "manage" medicine, to systematically identify the right way to do things and then call any deviation poor quality. In a sudden shift, employers are no longer satisfied with the lowest insurance premiums. They now want the highest quality for their money. The insurers sponsoring HMOs and PPOs now compete for recognition of the "quality" of their programs as measured by the percentage of women who get annual mammograms and Pap smears, the percentage of diabetics who see an eye doctor, and the number of patients with diseases like congestive heart failure who take specific drugs that are judged to show benefits. The privately owned National Committee for Quality Assurance (NCQA) rates plans by collecting data in a program called the Health Plan Employer Data and Information Set (HEDIS) and makes the information available to the public online.

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But such measures of quality control are problematic. Are primary physicians to hunt down people who don't want to come in? Are they to be penalized for choices made by the patient? Are checklists really a good marker for the overall quality of a physician's skill? Physicians are bewildered as non-physicians continually expand the lists and pontificate about quality, as if physicians are either too lazy or stupid to seek it themselves. It follows that the only reliable advocates for quality patient care are employers and insurers, and that their comprehension of medicine is as least as good as the physician's — so good, in fact, that they don't even need to see the patient to evaluate the quality of care.

But it's inconceivable that a doctor actually treats each patient differently according to the quality precepts of each insurer (Blue Cross backache, Aetna asthma, and Cigna congestive heart failure, for example). It would be utterly confusing to tailor each patient's care to the specific desires of his insurer. Nevertheless, statistics are collected and touted in the marketplace as proof of the quality of one insurer's product over the other. Claimed differences in the results of treatment for asthma, heart failure, or diabetes are more likely to be statistical accidents than indicators of real differences in quality rendered by the doctors seeing each plan's patients. Distortions are guaranteed because NCQA's "Quality Compass" is a marketing tool for employers with more public relations than science behind it. Absurdly, in 2000 and 2001, the NCQA reported great progress in HMO quality at the same time that public anger against HMOs was mounting rapidly — and the average HMO stock price rose 25 percent.

Medical practice and the human beings who deliver care are surely imperfect. But does that justify shifting so much clinical, financial, and administrative control to non-physicians with enormous vested interests of their own? Should all doctors have to think and do alike in order to be considered good doctors? Should patients put their lives in the hands of physicians who are intent on polishing their report cards under the benevolent guidance of employer-insurer management? That these questions are barely debated points to one of history's greatest bait-and-switch operations. Insurers who have no commitment to any geographic area and who cancel policies at will when profits drop have been made the guardians of medical quality even at the local level. Industry now vies with government in regulating medicine, as Betty Leyerle has eloquently described in *The Private Regulation of American Healthcare* (M.E. Sharpe, 1994).

Whither health care?

WHERE, THEN, IS American medicine headed? If present trends continue, the widespread dissatisfaction with both income and the quality of professional life will extend the decline in applicants to medical schools beyond the nearly 30 percent drop over the past

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five years. With an average medical school debt of $97,400 in 1999, fewer physicians will come from the middle class because of an unfavorable risk-reward ratio. The wealthy will avoid medicine as a profession, and the need for scholarships to enlist students will grow.

Consumers and non-doctors will play a greater role, with more liberal licensure for non-physician providers of care and more consumer influence over tests and treatments. Consumers will expand self-ordering of hi-tech tests such as total body scans and will win insurance coverage when there are positive findings. Managed care will continue narrowing the role of primary physicians as nurse practitioners and physician assistants perform some of their work for lower fees. This will continue until earnings drop low enough to make primary physicians, with their greater ability to diagnose and treat, more economical than non-physician substitutes.

Widespread dissatisfaction will extend the decline in applicants to medical schools beyond the nearly 30 percent drop over the past five years.

The use of hospitalists, hospital-based medical specialists for in-patients, will also grow and relegate most primary physicians in metropolitan areas to office practice only. Specialists will continue to dominate American medicine because of public demand for new technology (but they will not regain their former authority over fees). Owing to the use of lower-cost and lesser-trained substitutes, fewer people will have primary physicians for more than short periods. The sole exception will be patients with complex problems involving multiple specialists, in which case primary physicians will be required to integrate care.

Employers and insurance carriers will change tactics in response to anti-HMO sentiment. Health plans are already starting to distance themselves from tight control of consumer choices. Higher co-pays rather than denials of service will continue to grow. Physicians will need to contend with angry patients when their recommendations do not accord with each plan's favored approach, thereby raising out-of-pocket costs. Patients will need to contend with angry physicians as other plans follow PacifiCare's lead in rating doctors on how low they can keep out-of-pocket costs for patients. Barring catastrophic events that drastically increase the number of uninsured from its current level of 43 million, neither Congress nor the administration will even discuss a single-payer, one-size-fits-all health system.

The outlook for the peripheral medical economy looks bright because the freedom to innovate continues. Health insurance and pharmaceutical and medical device manufacturing, unlike the provision of medical or hospital services, have escaped the price controls of the Mediplans and the major financial hits of managed care. Surging health insurance premiums — up 11

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percent from 2000 to 2001 — did not significantly benefit physicians.

Most physicians face major impediments to innovation because, under managed care, compliance has greater survival value than creativity — at least in the short run. Denial of services is viewed as a strike, something most physicians do not favor. The antitrust laws significantly inhibit joint action. Some specialists, notably those in renal dialysis and cancer care, have established their own businesses and negotiate collectively for their services. Primary-care innovation is far less common and has mainly involved substituting lesser-trained personnel for doctors. Furthermore, most physicians seem to have neither interest nor aptitude in creating new business arrangements. Physician executives are increasing in number, but, lacking broad business experience and divorced from patient care, they have an uncertain future.

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It appears that the closer to the patient one gets, the less desirable the job becomes, the more the risk of burnout increases, and the greater the appeal of non-medical jobs at often higher salaries. But high-earning health care executives with an average income of $800,000, not counting deferred compensation, are reportedly seeking retirement before age 65 — also due to job pressures. Paradoxically, health care delivery has grown more dysfunctional even as medical science continues to make unprecedented gains.

As Richard Nixon once said, "Solutions are not the answer." The statement seems applicable to medicine, since no nation has produced a model health system. The U.S. has so far avoided the single-payer "solution" that is finding favor with an increasing number of frustrated physicians. Instead, U.S. medicine continues to make medicine more "businesslike." Given the trends — the majority of young physicians now taking jobs rather than setting up their own practices, increasing educational debt, less willingness to commit oneself entirely to medicine at the expense of family, and fewer opportunities to remain independent — Alain Enthoven's proposal of "managed competition" makes sense.

Enthoven envisioned the appearance of other mega-plans modeled after Kaiser-Permanente. But the Kaiser-Permanente system has not been replicated; risking capital in enterprises with limited upside potential and no good exit strategies remains unappealing. What's more, Kaiser-Permanente itself has recently withdrawn from several eastern states and closed facilities due to large financial losses.

Managed care's principal accomplishment has been a temporary slowing of surging health care expenditures. At the same time, HMO growth has

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stalled and physicians, patients, and their employers are all frustrated. It's unsurprising that a system that never underwent prototype field-testing before widespread implementation is encountering so many problems. Nor is it surprising that turning a blind eye to waste, duplicative effort, and inefficiency has allowed these problems to multiply.

San Mateo County physicians overwhelmingly agreed that the quality of time spent with patients has deteriorated since the mid-1990s. Much of their time now must be spent choosing drugs that won't be rejected or require lengthy negotiation for approval, checking lists of network consultants, obtaining permission for tests and referrals, and explaining the mysteries of the system that no patient learns in advance. The regulatory hurdles divert attention from what brought the doctor to medicine in the first place and leave both parties dissatisfied. Alternative practitioners are increasingly popular partly because they have fewer distractions and can focus attention more fully on their clients.

Currently, physicians are treated almost generically in high managed care areas. Patients eventually feel the depersonalization experienced by the doctor. PacifiCare is trying to counter this with bonuses for physicians who win high marks from their patients. Whether this will inspire kinder and gentler care is an open question. At least some physicians are offended by popularity contests with insurance companies as scorekeepers. In their view, marketing becomes too important and hard-earned professional competence gets taken for granted.

Continued travel down the current managed-care road will require a new type of doctor with sufficient detachment to function comfortably in the new environment. How well the humanitarian impulses that motivate most physicians can survive this rather dehumanizing process is unknown. It is a critically important question because doctors must be allowed to be doctors if they are to leaven their technical skills with the empathy that is needed to truly heal patients. For this to happen, the two medical economies must converge and cooperate. The biggest challenge will be to use free-market mechanisms to control costs, improve efficiency, and create a climate in which physicians and patients both can thrive.

M.D., Inc.

To do this, should doctors become corporate employees? California is one of 37 states that ban the corporate practice of medicine, meaning that non-physicians cannot be the owners of businesses in which physicians treat patients. The law is based on the premise that physicians should be free to exercise professional judgment and remain fully accountable for their actions. But this view has been increasingly challenged as antiquated, anti-efficiency, and blind to current market realities.

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Economists and lawyers who wish to reverse the corporate ban see medicine as no different from other business endeavors in which corporate structure has proved useful. Strikingly, however, they have failed to investigate why Kaiser-Permanente, the nation's largest HMO, deliberately chose *not* to have physicians work for the Kaiser Corporation. Permanente Medical Group historian Steven Gilford explains that the doctors were ready to walk away from 15 years of work with Kaiser unless they were allowed to retain control of patient care and resource allocation.

Moreover, fluctuations in the business cycle — the idea of hospitals coming and going, personal and business bankruptcies afflicting providers of care, and sudden disappearance of services as corporate assets are redeployed in response to changing market conditions — is a dubious basis for health policy. Sick patients are not likely to be persuaded that the benefits of brand-name medicine are worth the risks. Nevertheless, the experience in states that do allow corporate medical practice does merit scrutiny.

Doctors are expensive to train; their time would best be spent caring for patients rather than doing paperwork.

The redesign of health care would benefit from a human resources approach that is free of ideological bias and ill will toward physicians. California is experiencing such growing animosity. The state's HMO czar wants consumers to know whether their doctors are facing insolvency. State Sen. Jackie Speier feels that the solvency legislation she sponsored is being perverted and will fatally undermine doctors' negotiating position with managed care if their private financial status is made public. News coverage insinuates that Speier is coddling doctors. But such coverage proceeds from the widespread (and mistaken) belief that to be pro-consumer, one must be anti-doctor.

A neutral analysis of the doctor's job and the qualities needed to perform it is essential. Efficiency studies should follow. Managed care has shunned this aspect of management because the industry perceives doctors as outside contractors whose welfare and productivity are not of direct concern. Doctors are expensive to train, however; their time would best be spent caring for patients rather than doing paperwork. In order to meet the needs of a varied public, doctors should not be expected to be clones of each other. Checklists should not replace the doctor's brain if the doctor is to remain clinically sharp. Freedom to prescribe should permit taking advantage of the subtle differences among similar pharmaceuticals to suit the specific needs of each patient. Creativity should not be extinguished in the service of compliance. Accountability — a virtue — becomes a vice when it overwhelms the person subjected to it.

Moreover, excessive regulatory control favors large, well-funded companies and may even put smaller companies out of business without any con-

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test in the marketplace. Since small organizations cannot spread compliance costs in dollars and manpower across a large base, over-regulation threatens the economic viability of otherwise healthy solo and small-group practices. Patients who prefer this kind of care may thus experience both a decreased selection of caregivers and higher costs as regulatory expenses pad the ultimate bill.

No solutions have yet emerged because, as yet, there is no agreement on goals. Policymakers should carefully consider the long-term consequences of decoupling the medical economy from the surrounding local economy, as occurred in San Mateo County. Lethal competition among physicians, the young cannibalizing the practices of their seniors with no premium awarded for achievement and experience, promises to compromise the quality of care — as does below-cost contracting for essential services. The economics of putting caregivers at personal risk with no ability to react rapidly to sudden cost increases (such as the recent jump in malpractice premiums) must also be addressed. The emotional needs of physicians and of patients, including the ability to forge long-term relationships, should not be ignored, because they determine the ultimate acceptance of any system. And the question, "How does being treated by a depressed doctor measure up against flying with a depressed pilot?" should be taken seriously. Most of all, a vibrant, creative, and pluralistic medical profession should not be sacrificed cavalierly.

Managed care has a great deal of work to do if it is to justify the pretension embodied in its name. Legislative assistance may be needed to redirect medical competition toward healthier ends. In the end, a failing core medical economy will not long support the massive health care edifice that surrounds it.

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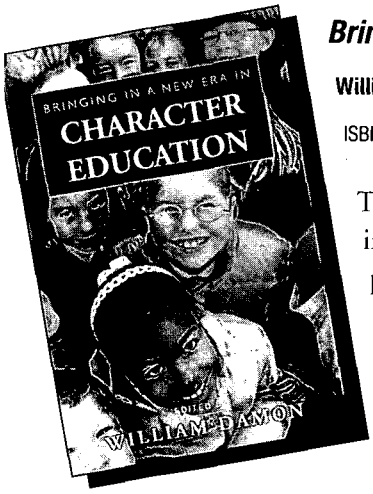

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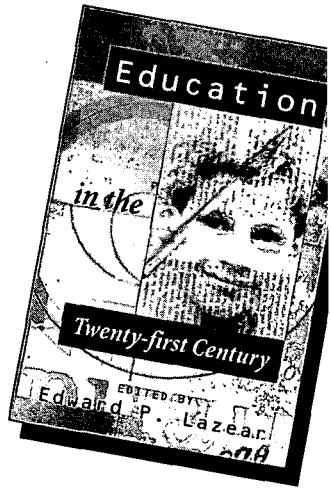

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BOOKS

Root Causes

By STANLEY KURTZ

BERNARD LEWIS. *What Went Wrong? Western Impact and Middle Eastern Response.* OXFORD UNIVERSITY PRESS. 192 PAGES. $23.00

WHY IS AMERICA at war with Islamic terrorists? For those not persuaded that legitimate grievances over American policies toward the Palestinians or Iraq are at the root of this conflict, the question remains unanswered. If not legitimate anger at the United States, what were the real causes of the attacks of September 11?

Under the direct or indirect influence of Princeton professor Bernard Lewis, the foremost living historian of the Islamic Middle East, many commentators reply that the attacks of September 11 were motivated by an impulse to scapegoat the West in general — and the United States in particular — for the Middle East's own failure to modernize. In Lewis's long-held view, put forward with especial thoroughness and clarity in his new book, *What Went Wrong? Western Impact and Middle Eastern Response*, the humiliating and increasingly obvious failure of a once-great Islamic civilization to match the military, economic, political, and cultural might of the West has had a troubling effect. Many Middle Easterners, convinced that a turning from the pious ways of old is at the root of Muslim decline, have simultaneously embraced Islamic fundamentalism and repudiated the West.

The obvious parallel (although Lewis never explicitly draws it) is to the rise of Nazism. Whatever the legitimacy of German complaints about the Treaty of Versailles, Nazi ideology was fundamentally a nativist response to the national humiliation of World War I and to the traumatic economic failure of the depression. For Germans at the time, as for Muslim Middle Easterners today, the Jews and the Western powers served as convenient scapegoats.

Yet if the West is being scapegoated for the Middle East's inability to modernize, we need to understand the reasons for that failure. For the decline of Muslim society under the pressure of modernization is the true cause of this war. Not coincidentally, Bernard Lewis's *What Went Wrong?* is a systematic attempt to describe and account for the crisis of Middle Eastern modernity.

THE PUBLICATION of *What Went Wrong?* at so opportune a moment is a tribute to Lewis's prescience. The book was in page proofs when the attacks on New York and Washington took place — attacks that were ultimate outcomes of

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the forces that Lewis has been describing and diagnosing for years. Even more than his prescience, however, *What Went Wrong?* is a tribute to Lewis's persistence in the face of decades of demonization by the academic left. This book seems welcome and timely today, but when Lewis wrote it, his insights — and even his questions — were widely condemned as bigoted "Orientalism" by scholars of the Middle East. The war has borne out Lewis's insights and confounded his foes, yet those blessedly uninitiated in the ways of the contemporary academy might easily miss the drama of courage and vindication embodied in the publication of this book at this time.

The field of "post-colonial studies" — the regnant academic paradigm for the study of non-Western cultures — was founded in 1978 by Edward Said's book, *Orientalism*. That book condemned virtually all existing literature and scholarship on the Middle East as a series of disguised rationalizations for Western colonial ambition. Most of Said's *Orientalism* was an elaborate tour of early, often highly distorted and bigoted attempts by Western travelers to make sense of the Muslim Middle East. But the body of the book was simply a setup for the all-important final chapter, which argued that even sophisticated contemporary scholarly accounts of the Middle East were infected by the distortions, biases, and imperial ambition so evident in the records of early Western travelers. The culminating moment of that critical chapter was Edward Said's blistering critique of Bernard Lewis.

Since the inception of post-colonial theory, then, Bernard Lewis has been its chief villain. Lewis's longstanding interest in Muslim misconceptions about a modernizing Europe, his insistence on stressing the relationship between Islam and contemporary Middle Eastern terrorism, and his discussion of Muslim scapegoating of both Jews and Westerners were marked out by Said 24 years ago as proof of the bigotry and bankruptcy of the field of Middle Eastern studies itself.

Today, of course, Lewis appears to have been vindicated by events, while Said's repeated condemnations of the West's preoccupation with Islamic terrorism are an embarrassment to his supporters. If anything, it was America's inability to honestly name and diagnose the terrorist threat — provoked in no small part by the chastisements of Said and his followers — that made us let our guard down. Would that we had listened more closely to Lewis.

YET BERNARD LEWIS is far from the only one to ask, "What went wrong?" On the contrary, despite Said's strictures against even posing such a question, Lewis's point of departure is the long-standing preoccupation of Middle Easterners themselves with the loss of their civilizational dominance to the West.

For a long time, it is true, the threat from the West was ignored. Throughout the Middle Ages, the Islamic Near East was the mightiest military, economic, political, scientific, and cultural power in the world. The majesty of the Islamic empire seemed to confirm the Prophet's claim to have completed and surpassed the messages of Judaism and Christianity. The infidels of Europe, it was thought, could

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have nothing of significance to teach Muslims. How much less could they represent a threat? ("Infidels," of course, was a common Muslim term of reference for European Christians.)

The early signs of Europe's rise were therefore ignored. Secure in their assumption of superiority, Muslim diplomats never bothered either to learn European languages or to post permanent ambassadors in European countries. Few Muslims traveled in the West, and no significant accounts were left by those who did. The scientific advances of the Renaissance thus remained completely unknown. When the rise of Western power finally necessitated extended ambassadorial visits, the scientific discoveries of the West were dismissed as trivial and uninteresting. Even as Muslim armies grew accustomed to the need to adopt the latest innovations in Western weaponry, no one asked why it was infidels, rather than Muslims, who were coming up with the new devices. Nor did the rise of the West's colonial empire in Asia, with the challenge this posed to Middle Eastern domination of world trade, raise concern.

A long, scattered, and seemingly insignificant series of Muslim military setbacks could be ignored or dismissed until 1698, when the Treaty of Carlowitz ratified the first serious territorial losses to the European infidels. After that, as the West continued to make inroads on the territories of the Ottoman Empire — most dramatically with the conquest of Egypt by Napoleon in 1798 — the question of "what went wrong" took on urgency for Muslims themselves.

The initial response was an effort to go beyond the mere adoption of weaponry by mastering European military training and tactics. This failed to turn back the Western challenge, but the importation of European military instructors and education in European languages and science represented both an enormous blow to Muslim pride and the introduction of a critical channel of alternative cultural influence.

At first, these influences were kept at bay by the Ottoman technique of employing members of the Empire's Greek Christian minority as translators and diplomats in dealings with the West. (The Ottoman Empire included much of what is now Greece, Turkey, the Middle East, the Balkans, Moldova, and Georgia.) The Ottoman Empire's tolerance for its many minority communities — and the high degree of self-government granted them — were among its greatest strengths. Nowadays we're used to seeing migrations from East to West, but in the fifteenth, sixteenth, and seventeenth centuries, immigrants flowed freely from Europe to live in the tolerant and prosperous lands of the Ottomans. Eventually, however, European ideas of personal liberty and national independence provoked revolts in the Ottoman Empire's Christian lands. With this, it became evident that there was more to the rise of the West than military knowledge alone. The secrets of the Western state, as well as the source of its growing economic power, would have to be unraveled.

Yet here, as before, the attempt to master the techniques of the West ended in failure. The young Ottoman elites tried to cultivate a version of Western patriotism as a way of binding together the diverse populations of the empire in allegiance to the sultan. But

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the effect of Western nationalism's focus on ethnic and linguistic identity was to divide and disrupt this culturally heterogeneous empire, not to unify it. The Ottomans also tried to catch up with Europe by building factories to equip and clothe their army, but the effort failed and the factories were abandoned, perhaps because Muslims regarded such work as the demeaning province of the Christian and Jewish minorities.

The move toward modernization did create a class of professionals — journalists, lawyers, and professors — who represented a secular alternative to the doctors of the holy law. Yet, oddly, the rise of these professionals, and the newspapers, telegraphs, and other modern means of communication upon which they depended, seemed only to strengthen the autocratic powers of the center. When independence from colonial rule finally came, it brought with it no political freedom. Despite British and French attempts to create indigenous constitutional and parliamentary regimes in their own image, all of these failed after independence. If anything, Soviet domination in the Muslim regions of its empire, along with fascist models from Italy and Germany, were the only reasonably successful political imports from the West.

So Muslim attempts to adopt and adapt Western models in the military, economic, and political realms ended in failure. For Lewis, this suggests that something deeper was at work than a simple inability to import the "secrets" of Western success. The Muslim approach to the question of "what went wrong" had been to single out and imitate some distinctive characteristic of Western life — its military techniques, its factories, its political structures. Yet this strategy deliberately avoided deeper cultural issues. Was there something fundamental about the way of life or thinking in Muslim lands — perhaps even something deriving from Islam itself — that made the successful adoption of Western political structures or techno-economic practices problematic? In a Muslim world long convinced of its cultural superiority — and reeling even from its limited attempts to master the secrets of the West — these were unaskable questions. (Not coincidentally, these cultural questions are of the sort that Edward Said's post-colonial theory not only prohibits but also stamps as evidence of contemptible bigotry.)

Lewis identifies three fundamental cultural barriers to the success of the Muslim world's attempts to modernize. The first is the place of women, which Lewis marks out as "probably the most profound single difference" between the Islamic world and the West. Although Lewis himself remains formally noncommittal, he quotes with apparent approval those who argue that the relegation of Muslim women to an inferior position in society "deprives the Islamic world of the talents and energies of half its people," thereby also preventing these women from instilling in their children the mores of a free and open society.

The second cultural barrier to Muslim modernization is, according to Lewis, the absence of separation between religion and the state. This cultural difference, says Lewis, was written into the foundations of Islam and Christianity themselves. Jesus, after all, was put to death by the state, and for hundreds of years after, Christianity

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developed in the face of Roman persecution. Muhammad, in contrast, achieved victory in his own lifetime, creating a state in which he himself was the supreme sovereign. Perhaps more important, centuries of Christian dominance in Europe were followed by a series of religious wars which virtually compelled Christian society to secularize the state, simply to escape from never-ending rounds of religious persecution and conflict. Muslim society fell under no such compulsion.

The third cultural barrier to modernization cited by Lewis can be characterized as resistance to the "systematic" quality of modernity. Lewis frames the point metaphorically, by saying that the Muslim world has adopted the "words" of various Western cultural innovations while nonetheless failing to master the "music." Muslim society, for example, quickly grasped the advantages of Western timepieces, importing clocks and watches in significant numbers. Yet Muslim attitudes toward time itself changed little, as the precision, coordination, and punctuality demanded by modern life remain little valued in many parts of the Muslim world.

Lewis himself is reluctant to venture an open opinion about all this, but it seems fairly clear from his presentation that he is a "Kemalist." Kemal Ataturk, the founder of modern Turkey, set his country on a course of radical secularization in the conviction that Islamic religion and culture are ultimately incompatible with modernity. For Lewis, the fundamental choice facing the Muslim world is between the secularist Ataturk, on the one hand, and Khomeini on the other. Lewis's preference is easy enough to decipher.

If there is a weakness in *What Went Wrong?*, it is Lewis's slight attention to the organization of Islamic society. Lewis, of course, is an historian, not a social scientist. Yet no attempt to make sense of the troubled encounter between modernity and the Middle East can afford to ignore the characteristic structures of Muslim social life. A brief sociological detour will therefore allow us to make sense of Lewis's findings in a new way.

Muslim society, classically, is tribal society. Muhammad's achievement was to meld the desert tribes of Arabia into an irresistible force for the spread of Islam. To this day, in fact, tribal identity remains politically relevant, not only in the arid territories of Saudi Arabia and Afghanistan, but even in settled Muslim states like Iraq. This is a distinctive characteristic of social life in the Middle East. Historically, it is unusual for states and tribes to coexist for long within a single territory, and rare as well for tribal peoples to found dynasties (as they have throughout Muslim history). In Europe, for example, the German, Celtic, and Gothic tribes that overran a collapsing Roman Empire quickly lost their tribal identities. The same fate awaited the great tribal dynasties that conquered ancient China. But in the Middle East, tribal identity persists.

Middle Eastern tribes are organized into what anthropologists call "segmentary lineage systems." Simply put, segmentary lineages allow a society to operate strictly on the basis of kinship ties, without the need for a central government. If a man is attacked, for example, he'll be defended not by

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police, but by members of his lineage, who will be pitted against the lineage-mates of his foe. And what if a man is attacked by one of his own lineage mates? In that case, his lineage will simply break apart (segment), and those most closely related to him will be opposed to those most closely related to his attacker. The system works through an almost infinite capacity for either segmentation or unity. Tribes can easily be split by internal disputes, yet can just as easily combine in the face of an alien enemy.

Muhammad's achievement was to unify the tribes of Arabia under the banner of Islam, in the process replicating and extending to Islam itself the tribal ethos of militance and pride. By creating a kind of tribal feud between all of Islam and the outside world of infidels, Muhammad was able to launch a successful military campaign that unified and deployed the existing tribal structure against the enemy. In later battles against the Byzantine and Sasanian empires, tribal regiments united by bonds of kinship maintained a cohesion that state-employed mercenary armies could not. The Muslims swept the field.

Lewis rightly points out that Muhammad's religious empire set a pattern for the unification of "church and state" in Islam. Yet the theocracy established by Muhammad and his immediate successors (the "rightly guided" caliphs) did not last long. Instead, there came a critical development in Muslim history, albeit one of which Lewis makes little mention in this book. In order to hold together a growing but fractious empire, the rulers of the Umayyad caliphate were forced to make a series of compromises in pure Islamic principle. Authoritarian rule by hereditary succession began to replace the egalitarian and consultative practices of Muhammad and the rightly guided caliphs. Some rebelled against this fall from pure Islam, but most accepted the tainted necessities of power. The upshot of the change, however, was that the caliphate lost its religious quality. The state was tolerated now, but entering into its service came to be seen as unworthy of a true Muslim. "Church and state" were still united in the *ulema*, the doctors of the holy law who interpreted and applied the religious regulations that governed social life. And the dream of a righteous ruler on the model of Muhammad and his immediate successors was preserved. Yet for the rest of Muslim history, there arose a profound separation between the governing political regime and society itself. The arbitrary power of government was accepted as a necessary evil, but government itself was devalued and avoided.

The profound separation between the state and society that has long characterized Islamic civilization would never have been possible without the persistence of the tribes. The old image of the "oriental despot" is misleading. The early caliphs and the later Ottoman sultans ruled their empires lightly. Essentially, they arbitrated or mediated disputes between subject tribes, which because of their self-sustaining organization were largely left to govern themselves.

This state/society distinction, together with the tribal structure upon which it depends, explains much about the story that Bernard Lewis tells in *What Went Wrong?* To this day, Middle Eastern nations embody the state/soci-

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ety distinction. The populace submits in resignation to what it views as arbitrary and barely legitimate government while organizing its own daily activities around extended tribal and kinship networks and the practice of Islam. Democracy requires a layer of "civil society" — associational networks that stand between the individual and the state. But the social "work" that is accomplished in Western society through voluntary associations of freely choosing individuals is done in Middle Eastern society by extended networks of family and kin.

Europe saw a long period of development in which local feudal interdependencies and traditional family and kinship networks were gradually eroded while their functions were taken over by the modern bureaucratic state and the growing capitalist economy. This process, which helped to precipitate modern individuals out of ancient communal structures, has never occurred in the Middle East, where extended tribal and kinship networks continue to do the fundamental work of society, even in large modern cities like Cairo.

This persistence of traditional kinship ties, and the consequent absence of "spiritually modern" individuals, helps explain not only the failure of Middle Eastern democracy, but the region's economic problems as well. Young people and their families in modern Muslim cities still spend years accumulating the massive amounts of money needed to finance the wedding ceremonies and gift exchanges at the heart of the kinship system. These funds are managed by the kin networks themselves, and so are kept out of banks and freed from taxation. Not only do kinship obligations draw money out of the modern economy, but they inhibit entrepreneurship and feed the endemic corruption that undermines the bureaucracy — even as they simultaneously provide the surest security against poverty and the helplessness of aging.

The traditionalist ethos of kin-based societies has always been alien to the systematic conception of time that characterizes individualist modernity. Americans have taken their modern conception of time to the point where collective family dinners now take second place to every individual family member's personal schedule. In a kin-based society, on the other hand, it's understood that a request from some relation, however distant, always trumps your personal schedule. It isn't simply a question of valuing the emotional rewards of personal ties (although it includes that). Requests from relatives are simply how things get done in kin-based societies, whereas

The profound separation between the state and society that has long characterized Islamic civilization would never have been possible without the persistence of the tribes.

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precise coordination of individual schedules is how things are accomplished in ours.

THE STATE/SOCIETY dichotomy, and its basis in the Muslim kinship system, also explains one of the paradoxes at the core of *What Went Wrong?* How, Lewis asks, could the Islamic world have offered relative freedom, tolerance, and even prominence to minorities in medieval times while failing so dramatically to grant freedom to its people today? The answer is that the tolerance for minorities that characterized traditional Islamic empires was a function of the separation between the regime and the state. The Ottomans (and Muslim rulers before them) granted considerable leeway to their Christian and Jewish subjects precisely because the sultans were accustomed to serving as mere mediators between essentially self-governing Muslim tribes. But modern democracy is based on individualist values and on social structures that are alien to kin-based societies, so freedom and tolerance, in the modern sense of those words, remain elusive in the Muslim world.

Even the failure to achieve a Western-style separation between church and state can be seen as a function of the tribal and kin-based character of Muslim society. After Christianity's triumph in the West, it took the religious wars of the sixteenth century to definitively ratify such separation. Lewis rightly notes that because the Muslim world was spared such wars, a comparable separation never took root. But why did the West experience its religious wars to begin with? It was precisely the slow dissolution of the West's feudal and kinship structures that drove the rise of individualist Protestantism, thereby provoking a series of wars between Protestants and Catholics. So the Western separation of church and state is ultimately a product of our gradual evolution toward a non-kin-based, individualist society.

The salience and persistence of veiling among Muslims is also a function of the particular characteristics of the Middle Eastern kinship system. The details need not detain us, but suffice it to say that only in the Middle East do lineages ensure their solidarity by encouraging men to marry their own lineage-mates. Ideally, Muslim men are to marry their cousins (their father's brother's daughter), and this practice of cousin marriage lends tremendous force to the drive to shelter close female relatives, since in doing so men are effectively safeguarding their own future marriage partners.

I think Lewis goes a bit far in attributing the failure of Muslim modernization to veiling. Even today, few Japanese women work after becoming mothers, yet the home-bound state of half of Japan's population has not prevented that country's economy from fully modernizing. But Japanese women are highly educated, and Lewis is correct to say that insofar as the impulse to "protect" Muslim women prevents them from gaining an education, traditional practice acts as a brake on modernization.

In broad terms, there is nothing about Muslim society's resistance to modernity that distinguishes it from other traditional societies (many of which have had their own difficulties with modernization). But Muslim society does seem to represent the extreme

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of a type. Segmentary lineage systems are designed to operate as self-sustaining tribal societies, entirely independent of government. And of all possible solutions to the problem of lineage solidarity posed by marriage, Muslim cousin marriage is the most "involuted" — the one that tends, both morally and practically, to seal off families and lineages from outside influences and alliances. So the reason Muslim society seems more resistant than many others to modernization may be that its fundamental social structure is a kind of expression, on a grand scale, of a closed and self-sustaining kin-based society.

The self-sustaining tribal structure that enabled Muhammad to quickly conquer the world — and that allowed his successors to knit together a loosely governed empire with minimal effort — turns out to be uniquely problematic in relation to modernization. And from the rise of Europe to the present moment, the transformed tribal ethos of militance and pride that governs Islam has set up a powerful barrier even to recognition of this problem. In a modern setting, the result has been cultural decline, nativist reaction, and a literal clash of civilizations.

What, then, does all of this say about the "Kemalist" option apparently favored by Bernard Lewis? If the fundamental principles by which Muslim society is organized are profoundly incompatible with modernity, a total break with tradition might seem to be in order. But, of course, the very centrality of kin-based structures to Muslim society makes such a break very hard to sustain (as Turkey's Kemalists have discovered of late). Japan presents a model in which the traditional ethos of family solidarity becomes an engine of economic progress rather than a barrier. But Japan's family system is considerably less closed and self-sustaining than that in the Middle East. So knowing "what went wrong" in the Middle East imparts at least as much sobriety and pessimism as wisdom and hope. Nonetheless, we have no choice but to take the measure of the underlying problem, win this war, and afterwards take up the challenge of helping to set things right.

Thinking Out Loud And Louder

By Jon Jewett

Richard A. Posner. *Public Intellectuals: A Study of Decline.* Harvard University Press. 448 pages. $29.95

Early in his career as a legal scholar at the University of Chicago, Richard Posner began to diverge from the usual path. At the time, nearly all legal scholarship was internal to the law, consisting of the doctrinal analysis of cases and statutes using the techniques of legal reasoning. The monuments of legal

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scholarship consisted largely of comprehensive treatises on particular areas of the law, like *Williston on Contracts* and *Prosser on Torts*. Posner, while no slouch at conventional doctrinal analysis, preferred to analyze the law from an external perspective, using tools developed by other disciplines, particularly economics. In 1973 he published *Economic Analysis of Law*, which ever since has been the principal treatise in the field of "law and economics." Posner is now at work on the sixth edition. He has written some 28 other books and hundreds of articles, monographs, book reviews, comments, and miscellaneous writings on a wide array of topics. He has as strong a claim to being the foremost legal scholar of the past 30 years as anyone.

In 1981 President Reagan appointed Posner to the United States Court of Appeals for the Seventh Circuit, and he served as chief judge from 1993 to 2000. He is closing in on 2,000 written opinions, and he is unusual among appellate court judges in that he writes the first drafts of his opinions himself rather than delegating this task to a law clerk. The scholarly output of law professors who are appointed to the bench almost invariably drops off precipitously, frequently to zero. Posner is the exception. He still writes for the academic audience — much of his best academic work has appeared since he became a judge — and in recent years has plunged into the public intellectual market with considerable gusto, particularly regarding the Clinton impeachment (*An Affair of State*, Harvard University Press, 1999) and the 2000 presidential election (*Breaking the Deadlock*, Princeton University Press, 2001).

In this book, Posner defines a public intellectual as "a person who, drawing on his intellectual resources, addresses a broad though educated public on issues with a political or ideological dimension." Applying this capacious definition, he has compiled a list of 546 public intellectuals, both living and dead. Posner does not claim that his list is complete or even representative; he does claim, reasonably, that it includes most public intellectuals who enjoy prominence in the United States today.

The most striking aspect of the list is its heterogeneity. Posner's definition is so broad that it lumps together people in very different lines of work, making problematic any generalizations about public intellectuals as a group. To use Posner's terminology, there are many public intellectual genres. And so is it really meaningful to speak, as Posner does, of the "average quality" of a single supercategory that includes both Ezra Pound and Martin Feldstein? Posner's list is interesting in that it illustrates the enormous diversity of intellectual discourse addressed to the nonspecialist. But to support useful apple-to-apple comparisons it must be extensively subcategorized. Posner knows this, but at times he lapses into generalizations about public intellectuals that apply only to a subset of his list.

For each of the public intellectuals on his list Posner has calculated the numbers of media mentions, web hits, and (for academics) scholarly citations for the period mid-1995 to mid-2000. He also sorts the list into a variety of demographic and other categories, such as academic vs. non-academic and right-leaning vs. left-leaning. As Posner

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rightly emphasizes, both the list and the analytical methodologies that he applies have severe limitations, but he nonetheless does come up with plausible quantitative evidence in support of a few propositions about public intellectuals.

Living public intellectuals tend to be old (average age 64), male (84 percent), left-leaning (63 percent), disproportionately Jewish (46 percent), and either academics or affiliated with think tanks (74.5 percent). About 6 percent are black. Most academic public intellectuals are drawn from the humanities and social sciences, and non-academics are predominantly writers, journalists, lawyers, educators, and publishers.

A comparison of the demographics of the living and dead public intellectuals on Posner's list shows that a substantially higher percentage of the living are academics or affiliated with think tanks, and more of the dead were writers. This appears to support Posner's contention that the public intellectual market has increasingly come to be dominated by academic specialists, but the reliability of his statistical comparisons of living and dead public intellectuals is questionable. Much of the output of academic and think-tank public intellectuals concerns research findings or policy issues that date fairly quickly. It is plausible that a higher percentage of the dead public intellectuals who are still remembered, and thus made Posner's list, are writers simply because work of literary or rhetorical distinction survives longer. The same may hold true for today's public intellectuals. In 50 years Norman Mailer and Tom Wolfe may still be read. It is highly unlikely that Lester Thurow or Jonathan Turley will still be on lists of public intellectuals. From a future vantage point, today's academics may appear no more dominant in the public intellectual arena than their predecessors of 50 years ago. Although the sheer magnitude of the increase in the number of college professors and think-tank scholars in the twentieth century suggests that they comprise a higher percentage of public intellectuals than in the past, Posner has not produced convincing empirical evidence that this is so.

As the subtitle *A Study of Decline* suggests, Posner believes that the output of public intellectuals has declined in quality, but his data again are too limited to support this contention. There is, of course, the problem of the absence of objective measures of quality. But even if we stipulate that the dead intellectuals on his list generally produced higher quality work, any comparison is hampered by selection bias. Two-thirds of the intellectuals on Posner's list are still living. The number of people in the public intellectual category surely has increased, but a list of public intellectuals compiled as of 1925 would still undoubtedly have included many people who are now deservedly too obscure to make Posner's list. Time has filtered out not only many academics, but also the weakest public intellectuals of the past, while leaving figures like Max Weber, George Bernard Shaw, W. B. Yeats, and George Orwell. The unfiltered present naturally suffers by comparison.

POSNER LIKES to apply the methods of economic analysis to areas where economists have not previously ventured, and

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he does so here. He makes many thoughtful observations about the market for public intellectual work and the incentives at work in that market, but some of his generalizations seem unwarranted. He argues that the overall quality of the work produced by the public intellectual market is low, despite the obvious competitiveness of the market, and is characterized by many symptoms of "market failure." In this context Posner is not using the term "market failure" in its technical economic sense; he means that public intellectuals as a group deliver a product that is "a disappointment in light of expectations widely held in academic circles." One wonders what academic circles he is referring to. The University of Chicago Committee on Social Thought, perhaps?

> I have not proved that the market for public intellectuals is failing to produce a product of high average quality, and the qualification implicit in "average" is worth stressing. But I have presented a fair amount of evidence that it is. Anecdotage is not proof. But we have seen that there are good economic reasons for expecting this market to perform badly and statistical evidence that it *is* performing badly in comparison to other markets in symbolic goods, particularly the academic market. The theory and statistics buttress the anecdotes; the trio of proofs is convincing.

Posner overstates his case. The passage quoted above reads like a weak legal brief, an attempt to cobble together faulty arguments to make them appear collectively stronger. Note that after conceding that anecdotage is not proof, he includes it in his "trio of proofs." His anecdotage is — necessarily, in view of the size of the list and the vast and heterogeneous body of work that it represents — highly selective. Anecdotes may effectively show that much public intellectual work is of poor quality in terms of accuracy and intellectual rigor, and that some public intellectuals are irresponsible, but he makes no attempt to apply objective criteria to a representative sample of public intellectual output, and his anecdotal evidence is thus not adequate to support a general characterization of the quality of the public intellectual market or the contention that quality has declined.

There are in fact good theoretical economic reasons for the public intellectual market to perform well; it is highly competitive and has low barriers to entry. Posner argues that it nonetheless can be expected to perform badly because the public intellectual market does not feature quality controls such as an informed consuming public or expert consumer intermediaries, legally enforceable warranties of product quality, or high costs of exit for sellers detected selling poor quality goods. I do not find his arguments to be convincing.

Arguments that the hapless consumer is too ignorant to determine the quality of the goods being sold in a particular market should be regarded with skepticism. On the basis of my own experience as a longtime consumer of public intellectual goods, it is an argument that in this case does not ring true. I feel that I know the public intellectual market well enough to assess the reliability, and ideological

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bias, of the purveyors of various intellectual products. I am not an expert in either sociology or foreign policy, but I am confident that I know enough to place a high degree of confidence in the public intellectual writings of James Q. Wilson and very little in those of Noam Chomsky. I am not a scientist, but I have figured out where Stephen Jay Gould and Richard Lewontin are coming from, and take their popular writings with an appropriately sized grain of salt. I do not think that I am an atypical consumer of public intellectual fare.

The segment of the public that pays attention to public intellectuals is small and highly educated. Posner underestimates the ability of these consumers to intelligently evaluate the work of public intellectuals. And a relatively small minority of knowledgeable consumers is often sufficient to control quality in a market.

As for expert consumer intermediaries, where a piece is published conveys a good deal of useful information, as to both likely ideological coloration and reliability. If I want careful analysis of public policy by experts, I am confident that it can be found in the *Public Interest* or in the publications of think tanks like AEI and Brookings. For lively, provocative opinion pieces from different political perspectives, I can go to *National Review Online*, *Slate*, and the *New Republic* with an equal degree of confidence. The consumer does not expect or desire the same degree of academic rigor or depth of analysis across the board. I see little evidence that these publishers are not delivering a product that fulfills the expectations of their readers, or that those expectations can reasonably be described as low.

Posner might respond that to be effective consumer intermediaries, the publishers of public intellectual work should not be content with giving their readers what they want, but should shield them from inaccuracies and obviously fallacious arguments to a greater extent than they do. More filtering may be Posner's preference, and an understandable one given his workload (when does the man find time to read?), but it does not seem to be shared by most other consumers of public intellectual fare. Perhaps the consumer of public intellectual work prefers to do his own filtering, if it means that a wider variety of work will be published.

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Academic-style editing and peer review tends to result in tentative, heavily qualified conclusions, muffling the voice of the author. Unfiltered pieces can be more revealing of a writer's true colors and can illuminate his academic work. I do not want the *New York Review of Books* to subject its contrib-

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utors to rigorous content editing and fact-checking in the name of quality control. I prefer for their authentic voices to come through clearly.

To be sure, in some cases pieces are published that are difficult for most general readers to assess. For example, *Commentary* has published articles by the mathematician David Berlinski attacking modern theories of evolutionary biology ("The Deniable Darwin," June 1996; "What Brings a World into Being?" April 2001). Arguably, general-interest intellectual publications would be well-advised to steer clear of such work, and recognize that a serious scientist who wishes to challenge a generally accepted scientific theory will typically do so in a scientific publication. But such failures are ameliorated by the competitiveness of the market. There is plenty of excellent criticism of Berlinski and other anti-Darwinians available to the interested reader. And *Commentary* put its readers on notice of the extent to which Berlinski's thinking is rejected by the scientific community by publishing critical letters from members of that community ("Denying Darwin: David Berlinski and Critics," September 1996).

On the other hand, what obviously is at work in the public intellectual market is the human tendency not to question assertions that conform to one's worldview, and to look for confirmation of that worldview. There is not much overlap in the readership of the *Nation* and *National Review*, and neither magazine is inclined to publish pieces that challenge the fundamental assumptions of its readers. But is this really an indication of poor quality — or simply a reflection of the market niche each has chosen to occupy?

Posner asserts that the public intellectual market performs badly in comparison to the academic market, attributing this to the absence, in the public intellectual market, of the formal quality controls of academia. Scholarly publication involves three levels of filtering: the "norms of the academy," the use of peer review by scholarly journals, and the presence of an expert audience. But why then, after all this filtering, the poor quality of so much of the work that is published in the thousands of peer-reviewed academic journals, particularly in the humanities and social sciences? Has a public intellectual publication ever failed in its gatekeeping function as spectacularly as the academic journal *Social Text*, where New York University physicist Alan Sokal published a hoax article that was deliberately "salted with nonsense" but employed au courant academic jargon and was consistent with the editors' ideology? In some academic disciplines, such as education, the quality of most published work is low. And academic journals also tend to reflect sets of assumptions about the world, and are no more likely — perhaps even less likely — than public intellectual publications to publish work that rejects those assumptions.

Posner produces no real evidence that public intellectual work is of lower average quality than academic work. In both domains there is a great deal of chaff. What Posner seems to have in mind is that when academics write on subjects outside of their fields for a general audience, they are often not as careful as when they write for an expert audience on subjects in which

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they specialize. Granted, but only a small fraction of public intellectual writing falls into this category.

Posner understates the degree to which public intellectuals pay a price for doing work of poor quality. In part this is because different public intellectuals in different genres do radically different kinds of work. For example, no reasonable person, even on the left, would think of looking to the novelist E.L. Doctorow for serious analysis of public policy. The quality of Doctorow's public intellectual work has nothing to do with compliance with academic norms. He is a leftist partisan in the business of caricaturing and excoriating conservatives. For Doctorow, extravagant rhetorical excess is not a symptom of poor quality.

In contrast, virtually all of the denizens of think tanks, and many academics, want to influence government policymakers and politicians. Their work is generally subjected to critical scrutiny — there are always advocates of competing policies, and the political audience tends to be skeptical — and if it turns out to be weak and unreliable the penalties can be quite severe. Academics can lose opportunities, in which they may have made a substantial investment, to gain a government position or contract, and credibility is the lifeblood of think-tank public intellectuals. The likelihood and cost of loss of reputation in the public intellectual market typically may not be as low as Posner thinks.

Posner is too clear a thinker not to be aware of the weakness of the evidence he adduces for market failure, and he grudgingly admits that the public intellectual market may be no more imperfect than most. Still, he concludes that public intellectual work produces small or nonexistent net public benefits. This conclusion is not well supported. He recognizes that public intellectuals accelerate the diffusion of ideas, but unjustifiably downplays the value of this function. He also acknowledges the corrective function of public intellectuals — discrediting bad ideas — but seems to think that this merely offsets the production of those bad ideas by other public intellectuals. But public intellectuals are not the only ones who produce bad ideas. Think tanks in particular perform a very valuable public service in helping to shoot down or cause the modification of policy proposals the likely consequences of which have not been thought through, or that advance the agendas of interest groups at the expense of the public interest. Of course, sometimes bad policies nevertheless are adopted, but far less frequently than otherwise would be the case, and for this public intellectuals deserve some credit.

Posner also recognizes that public intellectuals have entertainment and solidarity-building value as well as informational value. Posner is something of a lone wolf intellectually, so it is not surprising that he does not value solidarity very highly. It is more surprising that he does not seem to give entertainment, which includes rhetorical and aesthetic values, much weight. The public intellectual work that Posner most admires, especially the writings of George Orwell, is valuable primarily for its literary qualities, i.e., as "entertainment," not for hard information or rigorous marshalling of evidence in

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support of a theory. How much of Orwell's work satisfies rigorous "academic standards" or would have been improved by peer review?

Posner laments the disappearance of the "charismatic public intellectual" as a consequence of the absorption of intellectuals into university faculties. By "charismatic public intellectual" he means a writer who, like Orwell or Justice Oliver Wendell Holmes Jr., is "able through the force of rhetoric or the example of one's life . . . to make fresh, arresting, or heterodox ideas credible to the general, or at least the educated, public."

I too wish we had an Orwell or Holmes around, or for that matter an H.L. Mencken or a Mark Twain, but it hardly seems fair to compare today's public intellectuals to such singular and extraordinary figures, so much the products of circumstances that no longer exist. And curiously, Posner has omitted from his list some present-day non-academic public intellectuals who might fairly be characterized as charismatic, who write from experience and write well, and have something to say. V.S. Naipul is in this category. I also am thinking of public intellectuals like the serious novelist and former secretary of the Navy James Webb, who was a highly decorated officer in the marines; John Derbyshire, novelist and writer of a *National Review Online* column that frequently affords pleasures similar to those of Orwell's *As I Please* columns; and Theodore Dalrymple, a physician and genuine intellectual who works in a British inner-city hospital and prison.

In contending that the average quality of public intellectuals has declined, Posner seems to have yielded to the "golden age" fallacy he described in *Frontiers of Legal Theory* (Harvard University Press, 2001) as the perception "that the world is going to hell in a handbasket," which is "as tenacious as it is naïve."

> It reflects the aging process, which sheds a golden glow over our youth (the nostalgia fallacy, we might call it); selection bias, which leads us to compare the best of the past with the average of the present because time has not yet sorted the best of the present from the average; related to both, a tendency to hero worship that requires a temporally distant hero to make worshipfulness a remotely plausible attitude; and, in recent times, the growth of specialization, which makes us feel smaller than our predecessors.

It is perplexing that Posner can describe a fallacy so clearly and then fall victim to it anyway. In the first chapter, he discusses the danger of selection bias, and he later devotes a chapter to the errors of the "declinist" school of public intellectuals. He writes that because of these pitfalls, he "must be extremely careful in speaking of the public intellectual." And then he proceeds to make claims based on assessments that are obviously infected by selection bias and declinist thinking, and exacerbates his errors by claiming that some very shaky assertions constitute a "convincing trio of proofs."

Posner's denigration of today's public intellectual market is best understood as an expression of frustration and disappointment with a small group of academics rather than the product of a dispassionate examination of the market as a whole. When Posner writes

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of low quality and market failure, he really has in mind a specific subset of his list, consisting of academics — "the people who have never left school" — who are, as he puts it, "on holiday." Posner knows this group well — he has tangled with them extensively over the past few years and has spent much of his life in their milieu — and the passages in which he describes them are the strongest part of the book:

> A proclivity for taking extreme positions, a taste for universals and abstraction, a desire for moral purity, a lack of worldliness, and intellectual arrogance work together to induce in many academic public intellectuals selective empathy, a selective sense of justice, an insensitivity to context, a lack of perspective, a denigration of predecessors as lacking moral insight, an impatience with prudence and sobriety, a lack of realism, and excessive self-confidence.

Posner reviews in detail the appalling performance of this category of academic public intellectuals, including such luminaries as moral philosophers Thomas Nagel and Ronald Dworkin, Harvard law professor Alan Dershowitz, and Princeton history professor Sean Wilentz, in the context of the Clinton impeachment and the 2000 presidential election.

It is good that Posner takes them to task. He does it well; they richly deserve it. But I think he is wrong in viewing their performance in the context of highly sensational political controversies as representing a decline from the standard set by previous generations of public intellectuals. Posner does not explain how the irresponsibility displayed by current public intellectuals differs from the *trahison des clercs* described by Julien Benda 75 years ago. Aristophanes and Jonathan Swift also made a few pertinent observations about the public intellectuals of their day. What Mark Lilla calls "the reckless mind" seems to be a natural trait of intellectuals who venture into political and social controversies.

Finally, Posner is chagrined that our current crop of irresponsible academics does not seem to have paid a price. He believes that they can return to the groves of academe without being called to account, apparently with their reputations intact. I think that he may be excessively pessimistic. To take one example, the increasing scrutiny that highly politicized Middle Eastern studies departments have received since September 11 suggests that accountability is not always as far off as it appears.

The academic public intellectuals Posner criticizes may not be ostracized or penalized in obvious ways, but that does not mean that they will not pay a price in terms of credibility. I suspect that even inside the academy, many of their more thoughtful colleagues have quietly noted that they allow their political passions to impair their scholarly judgment. And outside the academy there has been substantial criticism, some of the most effective from Posner himself. Dershowitz and Dworkin have demonstrated their unrestrained — and at times vicious — partisanship to a large audience. Many people who previously knew nothing of Sean Wilentz now remember him as the historian who made a pompous fool out of himself by testifying before Congress that if members of the House voted for

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impeachment, "defying the deliberate judgment of the people you are supposed to represent," their reputations would be darkened "for as long as there are Americans who can tell the difference between the rule of law and the rule of politics." Attention has been paid, and their future public utterances are likely to be discounted accordingly.

In conclusion Posner proposes, without much conviction, the creation of certain norms for public intellectuals for the purpose of improving the market. One would be for universities to require faculty members to post all of their public intellectual output, other than books, articles, and other readily accessible work, on the university website. Posner would also require that academic public intellectuals disclose their income from public intellectual work. He would like to see a norm emerge against magazines' printing book reviews written by persons criticized in the book that is reviewed (a practice Posner himself has fallen victim to more than once).

The emergence of the norms that Posner proposes would probably be a good thing (although assigning books to interested reviewers does at least produce entertaining spats), but it is difficult to believe that they would have more than a marginal effect on the quality of public intellectual work.

Posner's own efforts as a public intellectual provide a more useful corrective. No one does a better job of systematically demolishing the bad ideas of other intellectuals, particularly the lofty rationalizing of prejudices so often indulged in by the intellectual carriage trade. This book may not meet his usual standards, but his usual standards are extraordinarily high.

Teaching Evil

By Steven Menashi

Robert D. Kaplan. *Warrior Politics: Why Leadership Demands a Pagan Ethos.* Random House. 224 pages. $22.95

In the first phase of the war on terror outside Afghanistan, the United States dispatched some 660 military personnel to the southern Philippines. The last time Americans battled Islamist terror in the Philippines was after the Spanish-American War, when Gen. John Pershing commanded U.S. colonial forces in the islands. American anti-terrorism tactics have evolved considerably, it seems, over the past century. In his time, Pershing didn't need to bother with reconnaissance operations. His forces captured some of the militants, executed them with bullets dipped in pig fat, and wrapped their bodies in pigskin before burial — a devastating contamination according to Muslim law. "You'll never see Paradise," one U.S. officer reportedly told the terrorists, dashing their hopes of martyrdom. Pershing's approach is probably no longer in the army's counterterrorism repertoire, but the result was that guerrilla violence ended — and failed to

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resurface even after Pershing left the Philippines to command U.S. troops in World War I.

The American response to Islamic extremism has not always been so harsh — or as effective. As fundamentalist violence surged in Iran in 1978, threatening to topple the shah's pro-American government, President Jimmy Carter was less than decisive. He voiced support for the shah, but pressured him not to crack down on revolutionary forces — out of concern for the human rights of Islamist radicals. Carter may have satisfied his own peculiar moral sensibilities, but the result was the destruction of an American ally in the Middle East and the advent of a state patron of terrorism so vicious as to constitute one-third of the axis of evil in the modern world. "One cannot ask of an ally that it commit suicide in the name of human rights," Michael Ledeen remarked at the time.

ROBERT D. KAPLAN'S *Warrior Politics: Why Leadership Demands a Pagan Ethos* is an impassioned plea for less Jimmy Carter — and more John Pershing — in U.S. foreign policy. Kaplan believes there are important lessons to be learned from thinkers of pre-Christian antiquity — Thucydides, Livy, Cicero, Seneca, Sun Tzu — and their modern disciples, such as von Clausewitz, Machiavelli, and Thomas Hobbes. The advice could not come at a more opportune moment, as the country finds itself amidst a global war against terrorism — a war led by a president whose own favored political philosopher (Jesus Christ) is decidedly unpagan.

Kaplan has actually served as an informal advisor to the current administration. Well before September 11, President Bush read one of Kaplan's earlier works, *Eastward to Tartary* (Random House, 2000), and was impressed enough to invite the author to the White House to talk global strategy. Kaplan and Bush may have had an interesting discussion, but judging from the opening chapter of *Warrior Politics*, Kaplan had few original insights to share. In his new book, Kaplan raises the old canard about globalization exacerbating income disparity (in fact, average wages in the developing world increased threefold relative to U.S. wages from 1960 to 1992), and he believes the resulting inequality will augment political unrest. He also relates what was conventional wisdom even before September 11: Not traditional warfare, but terrorism and cybercrime will be the principal threats in the Information Age. Additionally, writes Kaplan, "populist movements" animated "by religious and sectarian beliefs" will be a source of instability — especially as new technologies become widely available. Kaplan even suggests that "natural disasters like floods and earthquakes" may occur again in the future. His predictions aren't especially revelatory; it's all stuff we have heard before — but, of course, that's precisely the point. "There is no 'modern' world," writes Kaplan, "only a continuation of the 'ancient': a world that, despite its technologies, the best Chinese, Greek, and Roman philosophers might have been able to cope with." The world's future challenges will be the same as its past challenges — only on a new playing field — because human nature remains the

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same. In the fifth century BC, the Greek historian Thucydides observed that human behavior is guided by such impulses as fear, self-interest, and honor. And so it is today.

Thus, Kaplan argues, effective leadership requires an historian's sensibility. Churchill, who both made and wrote history, is Kaplan's exemplar; his awareness of the perennial problems of human history enabled him to recognize and manage those problems. Churchill foresaw the threat posed by Hitler, Kaplan recalls, while his countrymen still believed Germany could be neutralized through appeasement. Today, as sundry elites fret over the possible U.S. intervention in Iraq, it is instructive to remember that similar elites recoiled with moral revulsion at the idea of deposing Adolf Hitler, who was the democratically elected leader of Germany. And, for that matter, to recall that Roman politicians derided Fabius Maximus's (ultimately successful) war of attrition against Hannibal. "It is better that a wise enemy should fear you than that foolish friends should praise," said the self-assured Fabius.

Kaplan explains that "a Churchillian foreign policy," by which he means an effective one, recognizes "how the struggles of today are strikingly similar to those of antiquity." To drive the point home, Kaplan draws frequent parallels between ancient and modern conflicts. He compares Hannibal to Hitler, and Franklin Roosevelt to the Roman emperor Tiberius. He likens the shifting alliances between Athens and Sparta during the Peloponnesian War to the uneasy relations among France, Russia, Germany, and Britain before World War I. The Athenians failed to conquer Syracuse, Kaplan writes, "because — as with our Vietnam policy in the early 1960s — unwise leaders tried to conquer too much, too far away." The historical analogies are initially interesting, but become tiresome and forced. Still, we get the point: While the human problems have remained constant, our moral outlook has not. "The postindustrial West seeks to deny the persistence of conflict," says Kaplan, but history doesn't end so much as repeat itself. "The concern of the Republican Right with 'values' and that of liberals with 'humanitarian intervention' may be less a sign of a higher morality following the defeat of communism than of the luxury afforded by domestic peace and prosperity." The world continues to be a brutal place. And if we are to survive within it, we must act brutally and sometimes support brutal regimes. To the extent that prevailing Judeo-Christian ethics obscures this understanding of the world, it is an exercise in self-denial. Kaplan proposes that we cease our dissimulations and scuttle all the values rhetoric, which smacks of a perilous naïveté: "With their incessant harping on values, today's Republicans and Democrats alike often sound less like Renaissance pragmatists than like medieval churchmen, dividing the world sanctimoniously between good and evil."

KAPLAN AIMS to depart from such moral orders, and to stake out a new — or, rather, an old — way of judging the world. Kaplan's "pagan ethos," which he claims was shared by Machiavelli, Churchill, Sun Tzu, and Thucydides alike, is "a morality of results rather than of good intentions."

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In one Churchillian moment that Kaplan does not discuss, the British, having decoded Nazi military communications, discovered German plans to bomb the city of Coventry. But Churchill took no action to warn or protect Coventry's citizens: If the Germans were to realize that Britain had cracked their code, Churchill reasoned, they would surely change it, seriously impeding the British war effort — and costing even more lives in the long run. President Bush faced a similar dilemma September 11, when he ordered the military to shoot down United Flight 93 to prevent further terrorist attacks. (As it turned out, they didn't do so.) Opponents of the president's decision might insist that "the ends do not justify the means." But even that maxim, which is now so clichéd a part of our moral vocabulary, appears foolish in the face of real-world events.

And so do many American good intentions. "According to the State Department manual for consular officers," the *New York Times* reported September 27, "participating in the planning or execution of terrorist acts would bar a foreigner from getting a visa, but 'mere membership' in a recognized terrorist group would not automatically disqualify a person from entering the United States. Nor would 'advocacy of terrorism.' " Justice Department guidelines prohibit the FBI from so much as purchasing a militant organization's newsletter to monitor it for threats of terrorist activity. The civil libertarian impulse that drives such policies is of course salutary, but civil liberties mean little when the state is unable to protect them. At some point one is faced with a choice not between liberty and order, but "between liberty with order and anarchy without either," as Justice Robert Jackson once observed. The Bill of Rights shouldn't be made into a suicide pact.

Kaplan embraces this realist worldview. He takes his bearings from the worldly realities of political power rather than by abstract ideals of rights

Surely, people who have actually lived under anarchy were scarcely consoled by the notion that they possessed "human rights." "Human rights," if they can be said to exist at all in a state of anarchy, are utterly useless there.

or justice, adopting as his motto a line from Hobbes's *Leviathan*: "Before the names of Just and Unjust can have place, there must be some coercive power." Surely, people who have actually lived under anarchy — threatened by marauding warlords, terrorists, and the like — were scarcely consoled by the notion that they possessed "human rights." "Human rights," if they can be said to exist at all in a state of anarchy, are utterly useless there. What's needed is a way to enforce them. "Projecting power comes first," says Kaplan, "values come second." A good leader would never allow "petty scruples" to

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compromise regnant authority.

At one point, Kaplan concludes that "human rights are ultimately and most assuredly promoted by the preservation of American power" — which is a curious assertion for him to make, since, if Kaplan had his druthers, American power would divorce itself from a special concern for human rights. He wants U.S. foreign policy to seek stability alone. Liberalizing the world is not only impracticable, according to Kaplan, but often dangerous: "It is political freedom itself that has often unleashed the violence that liberal societies abhor." Kaplan thinks authoritarian rule often provides a needed antidote to ethnic and religious strife, whereas democratic rule might be too ineffectual or beholden to factional interests (he applauds military coups d'etat in Uganda and Pakistan for restoring civil order).

For Kaplan, politics should concern itself with the satisfaction of self-interest. But if our politics rests fundamentally on self-interest, then how can one expect the heroic selflessness Kaplan admires in Churchill and others?

As might be expected, Kaplan sanctions brutal tactics for maintaining order. He praises King Hussein for imposing martial law on Jordan in 1957 because the democratically elected government was "becoming increasingly radical"; Hussein's bloody crackdowns on Palestinians in 1970 and the 1980s were also admirable because they "saved his kingdom," despotic though it may have been. Similarly, the United States should not press for human rights in Tunisia, Morocco, Azerbaijan, Uzbekistan, China, or virtually anywhere. Such a moralistic policy, says Kaplan, would weaken established regimes and foster instability. Yet, amidst his general endorsement of despotism, Kaplan for some reason condemns Chilean dictator Augusto Pinochet. It's unclear why he does so: Kaplan plainly approves of military coups, has no special fondness for democracy, and doesn't mind brutal tactics. And Pinochet even had noble aims: He saved Chile from communism and eventually surrendered his authority to a democratic government. But Kaplan somehow concludes that Pinochet employed "excessive" violence.

Kaplan cannot explain how he reaches such a judgment, however. He clearly does not want his argument to endorse any and all regimes; Kaplan strives to affirm that his "morality of consequence" is, in fact, "moral, even if it is not Judeo-Christian." But he has left himself with no ethical ground on which to stand. Kaplan regards ethics as an essentially private matter. Moral ideals may be decisive for the personal consciences of private citizens, but they compromise the hardheadedness policymakers need for an effective foreign policy. The "separation of private ethics from politics" is the heart of

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warrior politics: "for if there is such a thing as progress in politics, it has been the evolution from religious virtue to secular self-interest."

With the admission that political thought has *progressed* to Kaplan's ideas, it becomes clear that *Warrior Politics* does not represent the return to a forgotten "pagan ethos" of classical antiquity. Kaplan may see himself standing outside the liberal tradition, reproaching naïve humanitarians from the no-nonsense perspective of the ancient pagans, but he remains within that tradition. The pagans had their own gods and values that permeated their social order. Even Thucydides condemns the Athenians for "allowing private ambitions and private interests . . . to lead them into projects unjust both to themselves and to their allies." Kaplan, in contrast, adopts the liberal idea that ethics as such should be confined to the private sphere, and that politics should concern itself with the satisfaction of self-interest. Humanity's primary interest, says Kaplan, is stability. He wants to neutralize conflict, to compel people to live away from each other's throats. He aims no higher than this: "Philosophy," Kaplan explains, "is about the resolution of forces, and in foreign policy that leads to the search for order."

Kaplan's philosophy may constitute a sort of political wisdom, but it's a far cry from the moral understanding of the ancients. If our politics rests fundamentally on self-interest, then how can one expect the heroic selflessness Kaplan admires in Churchill and others? If the ultimate goal is self-preservation, why should anyone risk his life? The "heroic outlook" Kaplan attributes to the Greeks was possible precisely because they recognized a purpose higher than themselves.

Kaplan differs from the actual pagan philosophers of antiquity by arguing that man is not, in fact, a political animal. Rather, heads of state must maintain political society by force, against the people who would otherwise revert to their antisocial, violent natures. Any idea of justice exists only within the imposed order. Because the assertion of force is primary for Kaplan, he falls victim to a Machiavellian temptation: to justify power only by reference to itself, for reasons of state. Nothing exists prior to the state to delimit its behavior. Kaplan insists, borrowing an idea from Isaiah Berlin, that his Machiavellianism represents an ethical alternative to Judeo-Christian values. But the only moral lesson he teaches is that power should be unconstrained by ethical qualms in achieving its own protection — which, upon reflection, turns out not to be a moral lesson at all.

Kaplan learns from Machiavelli that values, "good or bad," are "useless without arms to back them up." That may be true, but Kaplan fails to emphasize that we need *good* values. Indeed, he insists that we need no values at all. In Kaplan's world, we should seek power for power's sake.

Kaplan's critique aims at the wrong target. The difficulty with the Judeo-Christian tradition is not its values, but that it often lacks prudence in promoting them. In the end, one who declares, "Let justice be done though the heavens fall," is both pompous and foolish: pompous because the destruction of the cosmos by his value system does not persuade him even to question those

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values, and foolish because in such a state of generalized anarchy, justice has no effect. Thus, Kaplan's assessment has particular force with regard to rigid religious precepts that make no allowance for day-to-day realities. (One is reminded of an old Nipsy Russell line: "He who turns the other cheek gets hit with the other fist.") Kaplan cautions us not to be so sanctimoniously naïve as to ignore the reality of power politics, which is good advice. But we also should not be so brazen as to lose sight of our moral aims. Power that serves only itself is a monstrous thing.

In truth, the lessons of *Warrior Politics* are not as alien to our idealistic democracy as Kaplan wants to suggest. "Democracies," wrote Victor Davis Hanson in his *The Soul of Battle* (Free Press, 1999), "can produce the most murderous armies from the most unlikely of men." Far out of proportion to their physical resources, democratic societies have unleashed military campaigns unparalleled in their lethality and effectiveness. Brute aggression, it seems, cannot match what arises "when free men march unabashedly toward the heartland of their enemy in hopes of saving the doomed, when their vast armies are aimed at salvation and liberation, not conquest and enslavement." All of which holds out the possibility that even the righteous may be able to outpagan the pagans.

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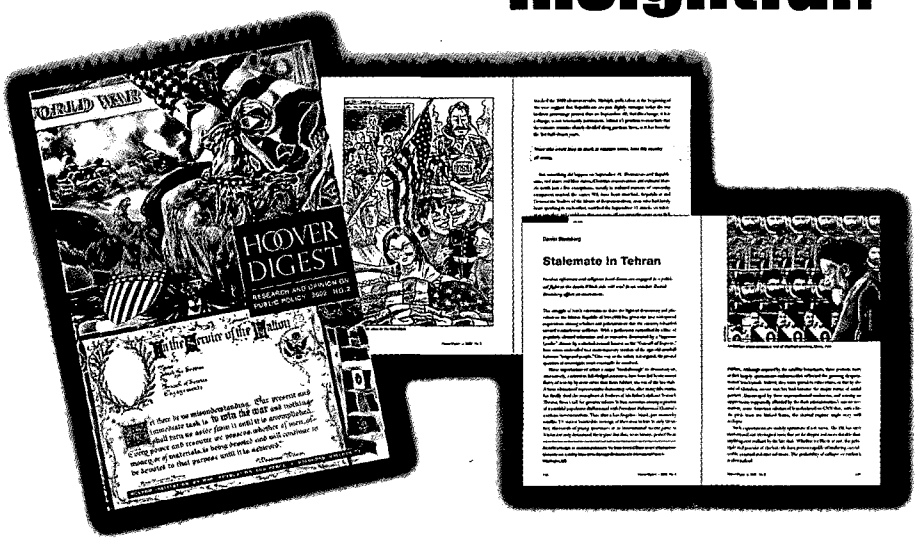

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